

CITY OF COLORADO SPRINGS FIRE BOARD OF APPEALS MEETING AGENDA PIKES PEAK REGIONAL BUILDING DEPARTMENT 2880 INTERNATIONAL CIRCLE SEPTEMBER 13, 2019 - 8:30 A.M. to 10:00 A.M.

CALL TO ORDER

ADMINISTRATIVE

1. Review

A. July 12, 2019's Amended Fire Board of Appeals Meeting Minutes

B. August 9, 2019's Fire Board of Appeals Meeting Minutes

2. Contractor Licensing

A. Fire Alarm Contractor A

i. Business Name: Orr Protection Systems, Inc. Principal Officers: Clark Orr, Jr., Chairman

Raymond Aldridge, CEO/President

Licensee: Charles W. Monk, Jr. RME: Roy E. Vaughn, Sr.

B. Fire Alarm Contractor B

i. Business Name: Blaze Fire Safety LLC

Owners: Daniel Black

Kamira Black

Licensee: Daniel C. Black RME: Daniel C. Black

ii. Business Name: Dynalectric Company

Gina Maria Cullen, CEO/President Principal Officers:

Leonid Shkolnik, DFO/Assistant Secretary

Gina Maria Cullen Licensee: RME:

Casey J. Curtin

iii. Business Name: Foster Electric Corporation Principal Officer: Bradley Foster, President

Licensee: Shaun R. Kalbfliesh RME: Shaun R. Kalbfliesh

C. Fire Suppression Contractor B

i. Business Name: Orr Protection Systems, Inc.

Principal Officers: Clark Orr, Jr., Chairman

Raymond Aldridge, CEO/President

Licensee: Charles W. Monk, Jr.

RME: Roy E. Vaughn, Sr. D. Fire Suppression Contractor C

i. Business Name:

Blaze Fire Safety LLC

Owners:

Daniel Black Kamira Black

Licensee:

Daniel C. Black

RME:

Daniel C. Black

E. Fire Suppression Contractor H

i. Business Name:

Blaze Fire Safety LLC

Owners:

Daniel Black

Kamira Black

Licensee:

Daniel C. Black

RME:

Daniel C. Black

ADJOURN

Breat T. Lacely, Fire Marshal Secretary to Fire Board of Appeals

SE 8-28-2019 Sent to Fire



Email: Licensing@pprbd.org

FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY	NAME: ORR	PROTECTION	SYSTEMS, I	NC.				
		ALDRIDGE	LICENSE HOLDER: CHARLES MONK RECOMMEND:					
RME: ROY								
-				X AP	PROVAL	DISAPPROVAL		
				DATI				
ICENSE AP	PLYING FOR:							
FSC-A	FSC-B	FSC-C	FSC-D	FSC	C-H FSC-M	FAC-A FAC-		
FAI	FSI	FSI-L	FST-B	FST	-C FST-D	FHT		
	PPRBI) INFORMATIO	ON COLLEGE		NAME	DATE		
RECEIVE	D BY PPRBD				SABRINA	08/28/2018		
CRIMINAI	L BACKGRO	UND CHECK			SABRINA	08/28/2019		
SENT TO I	FIRE				SABRINA	08/28/2019		
	DI	EPARTMENT	Sharper See		NAME	DATE		
CSFD					Chip Taylor	8/30/19		
CO 1 4 4 4 7 1	ITTO .							
COMMEN	NEW NEW							
	L							
PPRBD LICENSI		FIRE						
Phone: 719-327 Fax: 719-327-2		Phone: 719-385 Fax: 719-385-73						
, ,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 0 4 1 1 2 2 2 2 2 2 7 2 7 2	, , , ,					

Email: Fireconstructionservices@springsgov.com

Fire Supp	ression Contractor – A
_ _ _	RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Supp	ression Contractor – B
	Letter of commitment stating minimum equipment requirements are met for portable/fixed systems. D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
	Documentation showing the RME qualifications and at least 3 years applicable work experience Certification from at least one manufacturer of special hazard systems that the applicant markets. Certificate of Liability and Workers' Compensation insurance.
Fire Suppr	ression Contractor/Dealer – C
0	Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers. D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided). Documentation showing the RME qualifications and at least 2 years applicable work experience
	Certificate of Liability and Workers' Compensation insurance.
Commerci	al, Industrial, or Institutional Non-Contractor/Dealer – D
	Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers. Documentation showing the RME qualifications and at least 2 years applicable work experience Certificate of Liability and Workers' Compensation insurance.
Fire Suppr	ression Contractor – M
	RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience. Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Suppr	ression Contractor – H
0	Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants. Certificate of Liability and Workers' Compensation insurance. Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.
Fire Alarm	Contractors – A
X X	RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Alarm	Contractors – B
	RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.

Suppr	essio	on installer
		Satisfactory completion of the ASCR2 exam every 3 years. Minimum of 2 years work experience in fire sprinklers/standpipes.
Suppr	essio	on Installer Limited
		Satisfactory completion of the ASD2 exam every 3 years. Minimum of two years' work experience in single-family multipurpose fire sprinkler systems. State of Colorado Plumber license
Servic	е Те	chnician - B
		Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate)
Servic	e Te	chnician – C
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Servic	е Те	chnician - D
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Fire H	ydrar	nt Technician
		Satisfactory completion of the CTFH2 exam every 3 years. Minimum 2 years' experience.
Fire A	larm	On-Site Installer
		Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

FAC-A

□ FAC-B

RBD USE ONLY
Date 8-27-2010
Initial S C
Receipt # 162556

Business	Information	
Type of Entity (Check one) ☐ Individual ☐ Partne	rship 🛮 Corporation 🗀	LLC
Business Name: ORR Protection Systems, I	nc.	
(The business name is the name that will appear on the license and		ntracting business will operate.)
Federal Employer Identification Number: 61-101148	4	
Business Address: 11601 Interchange Drive		
Street Address	Apa	rtment/Unit #
Louisville	KY	40229
City	State	ZIP Code
Business Phone: 502-882-6875	Business Email: licensing	@orrprotection.com
Business Fax: 502-244-4554	_ Business Website: orrprote	
Company's Principal Officers, Partners, or Owners		
Name: Clark Orr, Jr.	Title:	Chairman
Name: Raymond Aldridge	Title:	CEO / President
1. Number of years company has operated as a contra		
2. Type of work performed? (Check one or both, if ap		tial 🛮 Commercial
Has the company ever been named in or responsible and/or claims against them in which the company was	e for any entered and unsatisf s the contractor? ☐ Yes ☑ N	ied judgments, liens, o If yes, Explain
4. Has the company been a defendant in a collection a	action court case? Yes No	If yes, Explain
5. Has the company ever declared bankruptcy? Yes	☑ No If yes, Explain	
6. Has the company ever had a license suspended or r	evoked? ☐ Yes ☐ No If yes, Ex	plain
7. Has the company ever defaulted on a contract?	Yes ☑ No If yes, Explain	200
Licenses held	by the Company	
Jurisdiction - License type and number	Jurisdiction- License	type and number
State of Colorado - Electrical 0101561	Boulder Electrical LIC-009	
State of Colorado - Master Electrician 0030049	Broomfield Electrical OL-2	0-10289
City & County of Denver - Electrical LIC00248716		
City & County of Denver - Fire Pro C - Pending	Westminster Class C Elec	trician 1902428

	Responsible Ma	naging Emp	loyee (RME) Inf	ormatio		
Legal Name: Vaugh	n Sr.	Ro) Y.		E.	
Date of Birth: 12-10	1-49	Soci	al Security Numb	er:		
Address: 10412 SK	Blue Av					
Street	Address				Apartment/Unit #	
Louisvil	le		<u>Ky</u>		40258	
City		77) 71	State*		ZIP Code	1
Phone: 502-	Fax	: <u>502-21</u>	44-4554	_Email:	Rvaughre omprotect	7017 LUN
1. What is your area of exp						
2. How long have you work	ed in the industr	y? <u>40-</u>	+ years			
3. What is your affiliation v	with the company	y? (Owner, pa	artner, employee	etc.)	Employee	
4. Have you ever been con						
5. Have you had a license s	suspended or rev	oked? 🗆 Yes I	No If yes, Expl	ain		
 I, the undersigned, do he (Responsible Managing Empand warrant, that I am act responsibilities for said cor 	oloyee) or Licensoing in capacity of mpany's and my company's and my compa	ee for the fire fire fire fire fire fire fire fir	m named herein. ensee of said firr	i do here n; and i b	by expressly represent, ereby agree to accept the	
be granted. ✓ Yes □	No				-	
be granted. ☑ Yes □	No	Certifica	ations	AL STREET		
	No	Certifica			Expires	
NICET #			ations ET Level		Expires 1 – 2.02.0	
		NICI Level 1				
NICET #		NICI Level I	ET Level		1-202.0 Expires	
NICET # 72772 Fire Alarm IS P.E. #		NICI Level I	ET Level V ssued		1-2020	
NICET # 72772 Fire Alarm IS P.E. #		NICI Level I	ET Level V ssued ssued		1-202.0 Expires	
NICET # 72772 Fire Alarm IS P.E. #		NICI Level I II II Work Hi	ET Level V ssued ssued		1-202.0 Expires	
NICET # 72772 Fire Alarm /s P.E. #	occi al Hazards Positic	NICI Level I I: II Work Hi	ET Level V ssued ssued		Expires Expires	
NICET # 72772 Fire Alarm IS P.E. # D.O.T. #	occi al Hazards Positio	NICI Level I I: II Work Hi	ET Level V ssued ssued story To		Expires Expires From	
NICET # 72772 Fire Alarm IS P.E. # D.O.T. #	Position Designation of the property of the pr	Work Hi Work Hi is to be signe icense to und artment to pe agree and unc criminal Back is automatic	ET Level V ssued ssued story To 9-25-19-78 d by the RME) Pilergo a Criminal Eerform a Criminal derstand Pikes Peground Check. If	kes Peak Backgrour Backgrou ak Region	Expires Expires From Curcet Regional Building and Check. I hereby and Check utilizing hal Building Department mation provided on this	

		Licensee	Information		
Legal Name: _	Monk, Jr.		Charles		W.
Last			First		M.1.
Date of Birth: 03/07/195	56	Sc	cial Security Num	ber:	
	Stampede Dr	ive			
	et Address				Apartment/Unit #
Castle Rock		CO			80104
City			State		ZIP Code
Phone: 720-682-82	258 _{Fa}	x: <u>N/A</u>		Email:	cmonk@orrprotecion.cor
. What is your area of e	xpertise in the inc	dustry? Mast	er Electrician, Fire Al	arm Installa	ation, Special Hazard Installatio
. How long have you wo	' rked in the indust	35 ye	ears		
. How tong have you wo	ned in the indust			. N	lanager (Qualifying Party
. What is your affiliation	ı with the compar	ny? (Owner,	partner, employe	e, etc.) _	lanager (Qualifying Party
. Have you ever been co	nvicted of a misd	emeanor or	felony? ☐ Yes ☑ I	No If yes,	Explain
Have you had a license	suspended or rev	wked2 □ Ve	s [7] No. If yes Evr	dain	
ualifying individual, per	form one or more		ties? Yes No cations		
NICET #	4		ICET Level		Expires
MICLI F		111	ICL1 Levet	T	Lybiles
P.E. #			Issued		Expires
Electrical Contractor 01 D.O.T.		09/30/201	lssued	09/30/2	020 Expires
Master Electrician 0030		09/30/201		09/30/2	
	MILLIAN TO THE REAL PROPERTY.		History		
Company	Positi	on	То		From
Phoenix Fire Systems, Rio West Development			May 2019 November 2008	2	June 2008 February 2005
EMI	Sales Engine	er	February 2005	3	August 2003
	persons seeking a lional Building Dep this application. I ter reviewing my ense granted to m	license to un partment to agree and un Criminal Ba e is automa	ndergo a Criminal perform a Crimina Inderstand Pikes P ckground Check. I tically reyoked.	Backgrou al Backgro eak Regio f any info	nd Check. I hereby und Check utilizing nal Building Department rmation provided on this Qualifying Party)
ignature of (Licensee): _		er flet	1		Date: <u>4/9//9</u>



June 11, 2019

PIKES PEAK REGIONAL BUILDING DEPARTMENT 2880 International Circle Colorado Springs, CO 80910

RE: RESPONSIBLE MANAGING EMPLOYEE

To Whom It My Concern:

This letter is to inform all concerned that Roy E. Vaughn, Sr., as Responsible Managing Employee (RME), is a full-time, exclusive employee of **ORR PROTECTION SYSTEMS, INC.** for this application and will represent and warrant that he is acting in the capacity of agent for the company and accepts the responsibility and the company's actions and his actions for any registration granted with this application.

ORR PROTECTION SYSTEMS, INC.	6-14-19
Authorized Signature	Dated
Ray Aldridge	President/CEO
Print Name and Title	
KATHRYN Y CARTER	

NOTARY PUBLIC STATE AT LARGE - KENTUCKY MY COMMISSION EXPIRES 10/5/19



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Roy E. Vaughn, Sr.

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE. BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,

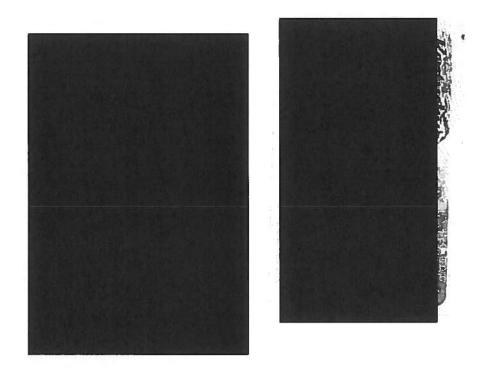
Certification Valid through December 1, 2020

CERTIFICATION NUMBER 72772

CHARMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

Vaughn, Roy E.



Client#: 810583

64ORRSAF

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

7/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services	CONTACT NAME: PHONE (A/C, No, Ext): 502 489-5900 (A/C, No): 866 881-218				
2600 Eastpoint Parkway Louisville, KY 40223	E-MAIL ADDRESS: CHovekamp@McGriffInsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
502 489-5900	INSURER A : Zurich American Insurance Company of IL	27855			
INSURED	INSURER B : National Surety Corporation	21881			
Orr Safety Corporation	INSURER C : American Zurich Insurance Company				
Orr Protection Systems, Inc. P.O. Box 198029	INSURER D : Mouston Casualty Company	42374			
	INSURER E:				
Louisville, KY 40259-8029	INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ISR TR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
`	CLAIMS-MADE X OCCUR				07/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
						MED EXP (Any one person)	s 10,000
						PERSONAL & ADV INJURY	s1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	s2,000,000
-	POLICY X PRO- OTHER:					PRODUCTS - COMP/OP AGG	s 2,000,000 s
	AUTOMOBILE LIABILITY		BAP038143204	07/01/2019 07/01/20		COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
ı	X ANY AUTO					BODILY INJURY (Per person)	\$
ľ	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
ı	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s
Ī				3			s
	X UMBRELLA LIAB X OCCUR		SUO00049128515	07/01/2019	07/01/2020	EACH OCCURRENCE	s25,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s25,000,000
	DED X RETENTION \$0						s
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC038143004	07/01/2019	07/01/2020	X PER OTH-	
1.	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	s1,000,000
1	(Mandatory in NH)	"'^				E.L. DISEASE - EA EMPLOYEE	s1,000,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000
- 1	Professional Liability		HCC1966846	07/01/2019	07/01/2020	\$5,000,000 Limit \$35,000 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Department 2880 International Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Colorado Springs, CO 80910	AUTHORIZED REPRESENTATIVE

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Orr Protection Systems, Inc.

is an entity formed or registered under the law of Kentucky has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061165415.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/28/2019 that have been posted, and by documents delivered to this office electronically through 05/29/2019 @ 15:45:34.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/29/2019 @ 15:45:34 in accordance with applicable law. This certificate is assigned Confirmation Number 11601567



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us.htz CertificateSearchCriteria.do entering the certificate is confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

8/27/2019 3:33:26 PM (SABRINA)

@PPRBD

Receipt #: 1625563

manage

@ppregionalbuilding

Customer: ORR PROTECTION SYSTEMS, INC

		Transaction Summary		
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$100.00

 Payment Summary

 Account
 Description
 Reference
 Amount

 9801-55700
 COLLECTION, VISA/Master-Card
 724652
 \$100.00

Total Tendered: \$100.00

Comment:

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 1550 Mar borough Ave. Rivorside, CA 92507
Type of work (check one) Residential Commercial
Cost: \$252,223 Date: May 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm & Fire Suppression Systems in Expansion Building
2. Project Street Address: 2801 Warner Avc. Irvine, CA 92606
Type of work (check one) Residential Commercial
Cost: 446,725 Date: June 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm System to upgrade existing system
3. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394
Type of work (check one) □ Residential ☑Commercial
Cost: 118,750 Date: Mar 2018 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm 3 COZ System for combustion turbine.
4. Project Street Address: 111 Peters Canyon Rd. Inine CA 92406
Type of work (check one) Residential
Cost: 466,214 Date: Feb 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System
5. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394
Type of work (check one) Residential Commercial
Cost: 257,400 Date: Dec 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System COZ in two combustion turbines
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principator manager) Ray Aldridge
Signature: KATHRYN Y CARTER ATE: 614-19

NOTARY PUBLIC STATE AT LARGE - KENTUCKY MY COMMISSION EXPIRES 10/5/19 SE 8-28-2019 Sent to Fire application contractor and installer check list



Fax: 719-327-2626

Email: Licensing@pprbd.org

COMPANY	NAME: BLAZ	Υ						
PRINCIPAL	.: DANIEL BL	ACK	LICENSE HOLDER: DANIEL BLACK RECOMMEND:					
	IEL BLACK							
				☑ AP	PROV	AL 🗆	DISAPPI	ROVAL
				DATE	8,	/29/19		
LICENSE AP	PLYING FOR:							
FSC-A	FSC-B	FSC-C	FSC-D	FSC	:-H	FSC-M F	AC-A	FAC-B
FAI	FSI	FSI-L	FST-B	FST	C	FST-D	Fl	TF
	PPRBI) INFORMATIO	N			NAME	I I I	DATE
RECEIVE	D BY PPRBD				S	ABRINA	08/28/2018	
CRIMINA	L BACKGRO	UND CHECK			S	ABRINA	08/28/2019	
SENT TO	FIRE				S	SABRINA	08/28/2019	
Change the Constraint party			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	a chemistral			a e e	VIII NE LES
STATE STATE	DI	EPARTMENT		The Address	Carrier and	NAME		DATE
CSFD					Chi	p Taylor	8/29/	19
COMME	NTS:							
PPRBD LICENS	iing	<u>FIRE</u>						
Phone: 719-32		Phone: 719-385	-5982					

Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

rife Supp	ression contractor – A
	RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Supp	pression Contractor – B
00	
	Certificate of Liability and Workers' Compensation insurance.
Fire Supp	ression Contractor/Dealer – C
0	Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers. D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided). Documentation showing the RME qualifications and at least 2 years applicable work experience Certificate of Liability and Workers' Compensation insurance.
Commerc	ial, Industrial, or Institutional Non-Contractor/Dealer – D
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	RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience. Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
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Fire Alarn	n Contractors – A
	RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Alarm	Contractors – B
X	RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.

Suppli	5331U	in matalier
		Satisfactory completion of the ASCR2 exam every 3 years. Minimum of 2 years work experience in fire sprinklers/standpipes.
Suppr	essio	n Installer Limited
		Satisfactory completion of the ASD2 exam every 3 years. Minimum of two years' work experience in single-family multipurpose fire sprinkler systems. State of Colorado Plumber license
Servic	e Te	chnician - B
		Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate)
Servic	e Ted	chnician – C
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Servic	e Ted	chnician - D
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Fire H	/drar	nt Technician
		Satisfactory completion of the CTFH2 exam every 3 years. Minimum 2 years' experience.
Fire Al	arm (On-Site Installer
		Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

 RBD USE ONLY
Date 27-2019
Initial 8
Receipt #162555
RBD #

Business	Information	CONTRACTOR OF THE PARTY OF				
Type of Entity (Check one) ☐ Individual ☐ Partne	ership Corporation	☑ LLC				
Business Name: Blaze Fire Safety						
(The business name is the name that will appear on the license and	(The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)					
Federal Employer Identification Number: 84-274590)					
Business Address: PO Box 143						
Street Address		Apartment/Unit #				
Peyton	Co	80831-0143				
City	State	ZIP Code				
Business Phone: 719-352-1161	Business Email: dblac	k@blazefiresafety.com				
Business Fax:						
Company's Principal Officers, Partners, or Owners						
Name: Daniel Black	Т	ritle: Owner				
Name: Kamira Black	Т	Title: owner				
1. Number of years company has operated as a contr	actor? (If new, write "new	, _{")} new				
2. Type of work performed? (Check one or both, if a	oplicable) □ Res	sidential 回 Commercial				
3. Has the company ever been named in or responsible and/or claims against them in which the company was						
4. Has the company been a defendant in a collection	action court case? ☐ Yes	☑ No If yes, Explain				
5. Has the company ever declared bankruptcy? Ye	s ☑ No If yes, Explain					
6. Has the company ever had a license suspended or	revoked? □ Yes ☑ No If ye	es, Explain				
7. Has the company ever defaulted on a contract?	Yes ☑ No If yes, Explain _					
Licenses held	by the Company					
Jurisdiction - License type and number		cense type and number				

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: this company has no work history. Songre De Cristo
Type of work (check one) Residential Commercial School District.
Cost: 1500 - Date: July/2019 Your position: Service Munger
Describe Job in detail: Preblo West Gardens Conducted Smoke detector sens.
2. Project Street Address: Dueblo West Gardens 960 E. Saxony DR
Type of work (check one) Residential Commercial
Cost: 2000. Date: Jan /2019 Your position: Service Manager
Describe Job in detail: Assited with annual fire of Fire Sprinkler Inspection.
3. Project Street Address: Classical Academy North 975 Stout Rd
Type of work (check one) ☐ Residential ☐Commercial
Cost: 1500. Date: July/2019 Your position: Service Manager
Describe Job in detail: Assisted with Alarm/Sprinkler/ Pump Annual Inspection.
4. Project Street Address: Skywest Hirlines - Aviation way
Type of work (check one) □ Residential □Commercial
Cost: 8000 - Date: June 2018 Your position: Service Manager
Describe Job in detail: Assisted with Annual Fire Alarm Sprinkler / Pump Inspection.
5. Project Street Address: Oakshine Gardens 2400 Oakshine Ln
Type of work (check one) □ Residential
Cost: 1700. Date: Ju /2019 Your position: Service Manager
Describe Job in detail: Assistud with Annual Fire Alarm Sprinkler Inspection.
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print Name and title (owner, principal or manager) Daniel Black owner
Signature:

egal Name: Black			Daniel		С	
	Last		First			М.1
Date of Birth: 12/20/1971			Social Security Number:			
ddress: 11335 Ars	shad Dr					
	Street Address				Apartment/U	nit #
Calhan			Co		50	808
	City		State		ZIP (Code
719-352-1	161	Fax:		Email:	dblack@blaze	efiresafety.co
What is your area	of expertise in	the industry? e.	xtinguishers/ala	rms/spri	nklers/hydr	ants.
How long have yo						
					Dwnor	
what is your affili	ation with the d	company? (Owne	er, partner, employe	ee, etc.)	AMILIEI	
Have you ever be	en convicted of	a misdemeanor	or felony? ☐ Yes ☑	No If yes	Fyplain	
			o. recony. La res La	ito ii yes,	Explain	
I, the undersigned esponsible Managii d warrant, that I a sponsibilities for sa	I, do hereby sub ng Employee) or im acting in cap aid company's a	omit application Licensee for the eacity of the RMI	Yes I No If yes, Exfor the stated control of the stated control of the firm named herein E/Licensee of said from the connection were seen as the said from t	ractor's lid n. I do her irm: and I	cense as the R eby expressly	represent,
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Print name & title (RME): Daniel Black Owner

Signature of (RME):

_ Date: 8.27./7

72

		License	e Informat	tion				
Legal Name: Black		D	aniel		С			
Las	t			First	-		M.1.	
Date of Birth: 12/20/1971	<u> </u>	S	ocial Secu	rity Numb	er:			
Address: 11335 Ars								
	Street Address				Aļ	oartment/U	nit #	
Calhan				Co			80808	
City					State		ZIP Code	
Phone: 719-352-1	161 Fax	c ;			_ Email: db	lack@blaz	zefiresafety.co	om
1. What is your area of exp	pertise in the ind	lustry? ext	inguishe	rs/alarn	ns/sprinkl	ers/hyd	rants.	
2. How long have you work	ked in the indust	_{ry?} 20 y	ears					
3. What is your affiliation				employee	, etc.) <u>Ov</u>	ner		
4. Have you ever been con	victed of a misdo	emeanor or	felony? 🗆	l Yes ☑ N	o If yes, Exp	olain		
5. Have you had a license s	suspended or rev	oked? □ Ye	es 🛭 No If	yes, Expl	ain			
 The examinee understar following activities: superv decisions, checking jobs fo qualifying individual, perfo 	rising, managing r proper workma	constructionship, or d	n activitie	s by mak rvision on	ing technica	I and adr	ninistrative	ı
		Certifi	ications					
NICET #		N	ICET Level			Expire	es .	
11461		III Water I		Alarm	Oct 1st 20			
P.E. #			Issued			Expire	<u>!S</u>	
D.O.T. #		<u> </u>	Issued		Expires			
						Схрис	<u> </u>	
		Work	History		estable of			F (6)
Company	Positio	on .		То		F	rom	
Courtesy Fire Extinguish			Feb 2004		No	v 2000	10111	
Cintas Fire Protection	Service Techn		Apr 2013	3	Au	q 2004		
Cintas Fire Protection	Service Manag	er .	Apr 2013	A49 20	19 AL	q 2019	Apr 2013	5
CERTIFICATION (The follow Department requires all per authorize Pikes Peak Regior information provided on thi may deny me a license afte application is untrue, license Print name & title (License	rsons seeking a linal Building Depa s application. I a r reviewing my C se granted to me	cense to ur irtment to pagree and u friminal Bac is automat	ndergo a C perform a Inderstand ckground (cically revo	riminal B Criminal Pikes Pea Check. If a	ackground (Background ak Regional	Check. I h Check ut Building	ereby stilizing	
ignature of (Licensee):		Blad				_ Date: _	8.27.19	2:
2880 International Circle, C	~					_		





DANIEL CARLTON BLACK THIS IS TO CERTIFY THAT

IS A LICENSED (ID# 10302) Fire Alarm installer

31-Oct-2019 Expires:

DANIEL CARLTON BLACK THIS IS TO CERTIFY THAT

IS A LICENSED (ID# 10302) Fire Suppression Installer

28-Feb-2020 Expires:

THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

IS A LICENSED (ID# 10302) Fire Suppression Hydrant Technician

Expires:

31-Jan-2020

THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

IS A LICENSED (ID# 10302) Fire Suppression B Technician

Expires:

31-Mar-2020



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Daniel C Black

FIRE ALARM SYSTEMS/II INSPECTION AND TESTING OF WATER-BASED SYSTEMS/III

CERT NO. 114691 VALID THRU 10/01/2020

AMERICAN BACKFLOW PREVENTION ASSOCIATION

10/27/2018

6-305

10/27/2021

Backflow Prevention Assembly Tester Daniel Black

11335 Arshad Dr Calhan, CO 80808

Medal cable

DANIEL BLACK

11335 Arshad Dr, Calhan Co 80808. 719-352-1161

dblack@blazefiresafety.com

20 years of experience in the fire safety industry. Seeking the opportunity to start my own business.

EXPERIENCE

APRIL 2013 - AUGUST 2019

SERVICE MANAGER, CINTAS FIRE PROTECTION

I was responsible for managing the Test & Inspection Department that conducts inspection Test & Maintenance of Fire Alarms, Fire Sprinklers, Fire Extinguishers, Fire Hydrants, Emergency Lighting & Backflow Assembly Testing. I overseen a team of service technicians of 5-10 at any given time. Duties included the training, development & licensing of our technicians to assure inspections were being conducted in accordance with NFPA Standards, Manufacture Specifications & Company Policies. I was responsible for the growth of department with an expectation of 10% or greater annually.

AUGUST 2004 - APRIL 2013

FIRE SERVICE TECHNICIAN, CINTAS FIRE PROTECTION

I was responsible for servicing customers fire safety equipment in accordance with NFPA Standards, Manufacture Specifications & Company Policies. These services included fire alarm inspections on an annual & semi-annual basis, repairs, replacement & troubleshooting of their interface equipment, such as input & output devices. Fire Sprinkler Test Inspection & Maintenance ranging from Wet Systems, Dry Systems, Standpipes & Pre-Action on a quarterly & annual basis. Made repairs to said systems ranging from gauge replacement, repairs of pipe fractures due to freeze conditions, removal, replacement & sprinkler head additions. Hydrant flow test. Running calculated flow test to determine rate of flow. Made minor repairs such as cap & gasket replacements. Fire Extinguisher Inspections & Maintenance ranging from inspection, recharge, six-year maintenance & hydrostatic testing on all types of fire extinguishers, dry chemical, wetting agents, halogenated agents. Emergency lighting inspections & repairs such as battery & bulb replacement.

NOV 2000 - FEB 2004

FIRE EXTINGUISHER TECHNICIAN, COURTESY FIRE EXTINGUISHER SERVICE

I was responsible for the inspection and service of fire extinguishers of all sizes & types ranging for Dry Chemical, Wetting Agents, Halogenated Agents for places of business on assigned route & shop work that consisted of Hydrostatic testing & Halon Recovery. Duties included annual maintenance of portable fire extinguishers in accordance with NFPA 10. The recharges & annual breakdown maintenance was conducted in a mobile service vehicle where I would discharge the fire extinguisher in a hopper, remove the head, inspect the interior of the cylinder, replace the appropriate parts such as valve stem & oring, refill with the appropriate extinguishing agent & charge the extinguisher with nitrogen to the appropriate PSI. (this was a California based business in which annual maintenance included a full breakdown every year) I was also hydrotest certified in the state of California these services were conducted in the shop.

Blaze Fire Safety LLC PO Box 143 Peyton Co 80831-0143 719-600-7849

To whom it may concern;

This letter is to inform that Daniel Black is employed exclusively and full time by Blaze Fire Safety effective August 16th, 2019 to the present.

Blaze Fire Safety

Daniel Black, owner & 27-19
Kamira Black, owner & 27-19

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed, if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT American Family Insurance - Business Insurance NAME PHON FAX (A/C, No): American Family Insurance - Business Insurance (A/C, No. Ext): 866-908-0626 E-MAIL PO Box 6316 service@amfambusinessinsurance.com ADDRESS: Binghamton, NY 13902 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Midvale Indemnity Company 27138 INSURED INSURER B : **BLAZE FIRE SAFETY LLC** INSURER C 11335 ARSHAD DR INSURER D : **CALHAN CO 80808** INSURER E INSURER F CERTIFICATE NUMBER: 1419494024369216483160901 REVISION NUMBER: **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID POLICY EFF POLICY EXP ADDL SUBR NSF POLICY NUMBER LIMITS TYPE OF INSURANCE LTR EACH OCCURRENCE \$2,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED CLAIMS-MADE X OCCUR 09/01/2019 09/01/2020 GLP1053928 \$100,000 N N PREMISES (Ea occurrence) \$10,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$2,000,000 \$4,000,000 GENTL AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO-PRODUCTS - COMP/OP AGG \$4,000,000 POLICY LOC OTHER COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) BODILY INJURY (Per person) ANY AUTO OWNED SCHEDULED **BODILY INJURY** AUTOS ONLY AUTOS (Per accident) PROPERTY DAMAGE HIRED NON-OWNED AUTOS ONLY (Per accident) **AUTOS ONLY EACH OCCURRENCE** OCCUR UMBRELLA LIAB EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION S WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU -TIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA (Mandatory in NH) **EMPLOYEE** If yes, describe under E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below OCCURRENCE PROFESSIONAL LIABILITY **AGGREGATE** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Inspection and Appraisal Services CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BLAZE FIRE SAFETY LLC BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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Workers' Compensation Coverage Rejection

This screen allows interested parties to search for evidence of rejection of Workers' Compensation coverage by sole proprietors, and/or partners performing construction work as well as coporate officers, members of an LLC who are also at least 10% owners of the business and carticipate in the daily operations and/or management of the business.

Disclaimer
The information provided find is from data submitted to the Colora to Division of Worker's Compensation (DC/WC). There may be errors and or descriptions with this information due to causes but said the cororal of the DC/WC. Therefore, DC/WC does not guarantee the acturacy of this information. If your securit does not produce a result this code not independently maternated and increasedly maternated the code not received by DC/WC become effective the day after all required information in received, but producing may take swently days.

For additional information or assistance with verifying registron of Worker's Compensation coverage, please contain Sustainer Service et (2001)318 6700 in the many area or 1858 (39) 7936.

Search Term Enter a full or		ne or trade name o	f the business you are seek	ing in the appropriate box b	elow
-	of Name clase fire	safety'	Search Clear		
Business Trad	e Hame :	graphing graphs in hypogenegostyce () magnes tegrogage () trip	CHARLE		
Selected Emplo	yers - Click on t	he Blue Triangle to	See Search Results		
Business Lega	l Name		Business Trade H	ame	
Blaze Fire S	Safety LLC				A
4					
	First Name	Middle Name	Date Rejection Rec'd	Date Rescind Rec'd	_
Last Name		I	8/22/2019		
Last Name	Kamira	Dawn	0722 2013		
	Kamira Daniel	Cariton	8/22/2019		*

A. Applicable Kients Reserved, Copyright 2014 Leterach Copartment of Listoriand Employment

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Blaze Fire Safety LLC

is a

Limited Liability Company

formed or registered on 08/16/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191653061.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2019 that have been posted, and by documents delivered to this office electronically through 08/19/2019 @ 09:52:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/19/2019 @ 09:52:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11748652 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/blz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT Daniel C Black

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through October 1, 2020

CERTIFICATION NUMBER 114691

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

facebook.com/PPRegionalBuilding/

Invoice

8/27/2019 3:13:41 PM

(SABRINA)

Receipt #: 1625551

Customer: BLAZE FIRE SAFETY

@ppregionalbuilding

@PPRBD

		Transaction Summary		
Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	X 3 APP FE	\$150.00
			Total Due:	\$150.00
1911		Payment Summary		
Account	Description		Reference	Amount
9801-55700	COLLECTION, VISA/	Master-Card	724641	\$150.00
			Total Tendered:	\$150.00

Comment: DANIEL BLACK



Phone: 719-327-2887

Email: Licensing@pprbd.org

Fax: 719-327-2626

FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY	NAME: DYNA	ALECTRIC CO	MPANY				
PRINCIPAL	: CULLEN,GI	NA - PRES & C	EO LICENS	SE HOL	DER:	GINA CUL	LEN
RME: CASEY CURTIN RECOMMEN							
				▲ AP	PROVA	L 🗆	DISAPPROVAL
				DATI	8/	14/19	
ICENICE AD	PPLYING FOR:						
ICENSE AP	PLTING FOR.						
FSC-A	FSC-B	FSC-C	FSC-D	FSC	:-H	FSC-M	FAC-A FAC-B
FAI	FSI	FSI-L	FST-B	FST	C	FST-D	FHT
	PPRBI	DINFORMATION	NC		1	NAME	DATE
RECEIVE	D BY PPRBD		nat-faceborrelit sourcestelle Malifrages Vacantinamente Latter discrete		SA	BRINA E	8/01/2019
CRIMINA	L BACKGRO	UND CHECK			SA	BRINA E	8/01/2019
SENT TO	FIRE				SABRINA E		8/01/2019
COED	D	EPARTMENT				NAME	DATE 8/14/19
CSFD					Chip	Taylor	8/14/19
				Proceduser d'Aldric distributiv vitris vin de d'écolo			
						94-02-9-04-P	
COMME	ENTS: COMF	PANY CHANGE	ES EXAMINE	E # 76	07		
	L						
PPRBD LICENS	SING	<u>FIRE</u>					

Phone: 719-385-5982

Email: Fireconstructionservices@springsgov.com

Fax: 719-385-7330

Fire Supp	ression Contractor – A
	RME w/ Current NICET Level III or IV certificate in sprinkler layout/design or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Supp	ression Contractor – B
	Letter of commitment stating minimum equipment requirements are met for portable/fixed systems. D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
	Documentation showing the RME qualifications and at least 3 years applicable work experience Certification from at least one manufacturer of special hazard systems that the applicant markets. Certificate of Liability and Workers' Compensation insurance.
Fire Supp	ression Contractor/Dealer – C
	Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers. D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
	Documentation showing the RME qualifications and at least 2 years applicable work experience Certificate of Liability and Workers' Compensation insurance.
Commerci	ial, Industrial, or Institutional Non-Contractor/Dealer – D
	Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers. Documentation showing the RME qualifications and at least 2 years applicable work experience Certificate of Liability and Workers' Compensation insurance.
Fire Supp	ression Contractor – M
	RME w/ Current and Valid Colorado State Master Plumber's license w/ minimum 3 years' experience. Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Supp	ression Contractor – H
	Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants. Certificate of Liability and Workers' Compensation insurance.
	Documentation showing the Responsible Managing Employee (RME) qualifications for service and repair of fire hydrants.
Fire Alarm	Contractors – A
0	RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Alarm	Contractors – B
23 23 23	RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.

Suppr	essio	n Installer
		Satisfactory completion of the ASCR2 exam every 3 years. Minimum of 2 years work experience in fire sprinklers/standpipes.
Suppr	essio	n Installer Limited
		Satisfactory completion of the ASD2 exam every 3 years. Minimum of two years' work experience in single-family multipurpose fire sprinkler systems. State of Colorado Plumber license
Servic	e Te	chnician - B
		Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate)
Servic	e Te	chnician – C
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Servic	е Те	chnician - D
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Fire H	ydrar	nt Technician
		Satisfactory completion of the CTFH2 exam every 3 years. Minimum 2 years' experience.
Fire A	arm	On-Site Installer
		Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

□ FAC-A

FAC-B

RBD USE ONLY
Date S-1-2019
Initial SC
Receipt #1 (1885)
RBD #7607

Busines	sinformation	
Type of Entity (Check one) □ Individual □ Partn	ership Corporation	□ LLC
Business Name: Dynalectric Company		
(The business name is the name that will appear on the license an	d is the actual name under which th	e contracting business will operate.)
Federal Employer Identification Number: 52-097320	5	A creed the risk of the
Business Address: 345 Sheridan Blvd.		
Street Address	Apartment/Unit #	
Lakewood	CO	80226
City	State	ZIP Code
Business Phone: 303-233-4488	dvna-c	o@emcor.net
	DGSITICSS EITIER.	
Business Fax: 303-232-4080	Business Website: www.dyna-co.com	
Company's Principal Officers, Partners, or Owners		
Name: Gina Maria Cullen	Tit	tle: President & CEO
Name: Leonid Shkolnik	Title: CFO & Assistant Secretary	
1. Number of years company has operated as a cont		
2. Type of work performed? (Check one or both, if a		dential 🛭 Commercial
Has the company ever been named in or responsil and/or claims against them in which the company w	ble for any entered and unsa ras the contractor?	tisfied judgments, liens, J No If yes, Explain
4. Has the company been a defendant in a collection		
5. Has the company ever declared bankruptcy? \Box Ye	es 🛮 No If yes, Explain	
6. Has the company ever had a license suspended or	revoked? ☐ Yes ☐ No If yes	, Explain
7. Has the company ever defaulted on a contract?	I Yes ☑ No If yes, Explain _	
	d by the Company	A Maria Carlottania
Jurisdiction - License type and number	Jurisdiction- Lice	nse type and number
City of Aurora, Fire Alarm, 2018 1553289 00 CL	City of Boulder, ROW, LIC-0001035-ROW	
City of Centennial, Contractor, CL-08714	City of Denver, Electrical, LIC6369	
City of Englewood, R01 Electrical, 5612	City of Broomfield, Elec., OL-20-07553	
City of Ft. Collins, Fire Alarm, AS-3880	City of Littleton, Electrical, E00271	

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 1021 N. Cascade Ave., Colorado Springs, CO 80903
Type of work (check one) □ Residential □Commercial
Cost: 4,080,080 Date: 8/2017 Your position: Electrical Contractor
Describe Job in detail: Added 39,000 SF to the library and demolition of the 1980 Tutt South addition; added a 9,700 SF fourth level to the original library.
2. Project Street Address: 305 Rockrimmon Blvd S, Colorado Springs, CO 80919
Type of work (check one) □ Residential □Commercial
Cost: 894,401 Date: 2/2018 Your position: Electrical Contractor
Describe Job in detail: Core Site infrastructure upgrade; demolition and replacement of RTU
3. Project Street Address: 10625 Federal Dr., Colorado Springs, CO 80908
Type of work (check one) ☐ Residential ☐ Commercial
Cost: 1,361,703 Date: 11/2016 Your position: Electrical Contractor
Describe Job in detail: 1.0MW iT Power, 6.0MW Site Load, Design Build electrical distribution switchgear, lighting. low voltage power fit up.
4. Project Street Address: 10625 Federal Dr., Colorado Springs, CO 80908
Type of work (check one) □ Residential □Commercial
Cost: 3,994,229 Date: 9/2015 Your position: Electrical Contractor
Describe Job in detail: Electrical SOW and gear on a Data Center
5. Project Street Address: 3233 Janitell Road, Colorado Springs, CO 80906 & 2345 Windswept View, Colorado Springs, CO 80921
Type of work (check one) ☐ Residential ☐ Commercial
Cost: 15,466,720 Date: 9/2018 Your position: Electrical Contractor
Describe Job in detail: New 40,000SF, 2MW data center and 60,000SF, 4MW data center
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Gina Maria Cullen, President & CEO
Signature:

Legal Name: Curtin		Casey		J						
Las	st	Fi	rst	M.I.						
Date of Birth: 8/27/	curity Number:									
Address: 345 Sherid	dan Blvd.									
Addicas.	Street Address			Apartment/Unit #						
Lakewood		CC		80226						
City		Sto	ite	ZIP Code						
Phone: 303-598-3	168 Fa:	x: Er		ccurtin@emcor.net						
1. What is your area	of expertise in the inc	lustry? Electrica	l and Fire Alarm							
2. How long have you	u worked in the indust	ry? 18 years								
3. What is your affili	ation with the compar	y? (Owner, partne	r, employee, etc.)	eneral Superintendent						
				Explain						
5. Have you had a lic	ense suspended or rev	oked? □ Yes ☑ No	If yes, Explain							
	Yes 🗆 No CET #	Cortification NICET Le		Expires						
P.E. # D.O.T. #		Level 2 4/01/20 Issued		D21 Expires Expires						
						DATE OF THE PARTY	CONT. T. MICHESON PROPERTY AND ADDRESS OF THE PARTY.			
	TE MALIJEAUT	Work Histor								
Company	Positi		То	From						
Company		on	То	From 1/2016						
Company Dynalectric Dynalectric	Positi General Supe GF/Foreman/	on rintendent Pres	To ent	From 1/2016 10/2003						
Dynalectric Dynalectric CERTIFICATION (The Department requires authorize Pikes Peak information provided may deny me a licensapplication is untrue	General Supe GF/Foreman/s following declaration all persons seeking a Regional Building Dep on this application. I	rintendent Presonant 1/20 is to be signed by license to undergo artment to perform agree and underst Criminal Backgroup is automatically	To ent 16 the RME) Pikes Peak a Criminal Backgrou n a Criminal Backgrou and Pikes Peak Regio nd Check. If any info revoked. al Superintender	1/2016 10/2003 Regional Building and Check. I hereby und Check utilizing anal Building Department rmation provided on this						

			Lightnee	information			
	Legal Name: C	ullen	en Gina			Maria	
	Last		in the state of th	First		M.I.	
Date of	Birth: 08/27/1967	7	So	cial Security Numbe	er:		
	345 Sheridar			,			
Addi C33.		Address				Apartment/Unit #	
	Lakewood			CO		80226	
	City			State		ZIP Code	
Phone:	303-205-5565	5 Fax	: 303-23	2-4080	Email:	gmcullen@emcor.net	
1. What	is your area of exp			ctrical construct			
2. How l	ong have you work	ed in the industr	_{y?} 31 Ye	ars			
3. What	is your affiliation v	with the company	/? (Owner,	partner, employee,	etc.)	Officer	
						Explain	
5. Have	you had a license s	suspended or revo	oked? 🗆 Ye	s ☑ No If yes, Expla	in		
following decisions	g activities: superv	rising, managing o r proper workma	construction nship, or di of these du	n activities by maki rect supervision on ties? ☑ Yes □ No	ng techi	e or a combination of the nical and administrative es. Will you, as the	
				cations			
P.E. #		NICET Level			Expires Expires		
		Issued					
				Evnisos			
	0.0.1.7			issueu		Expires	
			. Work	lisio			
	Company	Position		То		From	
Dynaled		President & CEO		Present		March 2018	
Dynaled		Executive Vice Preside		March 2018		August 2008	
Dynaled	otric	Various Positions		August 2008		January 1992	
Departmatinformating deny applicati	ent requires all pe e Pikes Peak Regio ion provided on th y me a license afte on is untrue, licen	rsons seeking a li nal Building Depa is application. I a er reviewing my C se granted to me	cense to un ortment to page and un oriminal Back is automat	ndergo a Criminal Ba perform a Criminal nderstand Pikes Pea Ekground Check, If a	ackgrou Backgro ak Regio any info	und Check utilizing onal Building Department rmation provided on this	
Signature	e of (Licensee):		draan	Windson -		Date: 7/25/2019	





Approval Letter

Name:

Date of Award:

Certification Number:

Certification Expire Date:

Casey J Curtin

March 15, 2018 116258

04/01/2021

It is my pleasure to inform you that recertification has been granted as follows:

FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL II

You will find your new wallet card attached to the bottom of this letter. Also enclosed with this letter is your new certificate. Your new three-year period of certification is printed on both your wallet card and your certificate. You will need to accumulate another 90 continuing professional development points to continue your certification beyond this new expiration date.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very-truly yours,

Michael A. Clark

Chief Operating Executive

remove card slowly



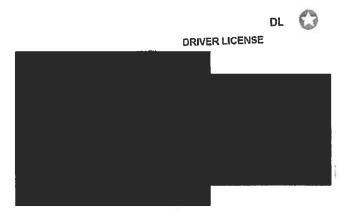
NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

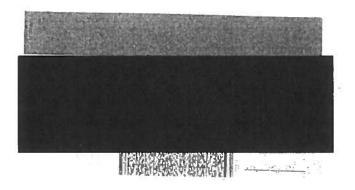
Casey J Curtin

FIRE ALARM SYSTEMS/II

Casey J Curtin 14941 Hanover St Brighton, CO 80602

CERT NO. 116258 VALID THRU 04/01/2021







Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations

Electrical Board

Gina Maria Cullen

Master Electrician

ME.0600376 Number Active

10/01/2017 Issue Date 09/30/2020

Credential Status

, Expire Date Verify this credential at: www.cylorado.gov/dora/dpo

Division Director Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations

Electrical Board

Gina Maria Cullen

Master Electrician

ME.0500376

Number

Active Credential Status

Verify this credential at: www. , lorado.

10/01/2017 Issue Date

09/30/2020 **Expire Date**

eov/dora dpo

Division Director Ronne Hines Credential Holder Signature

1560 Broadway Suite 1350, Denver, CO 80202 P 303.894.7600 F 303.894.7693 www.colorado.gov/dora/dpo



Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dera/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora .dpo_licensing@state.co.us

Colorado Department of Regulatory Agencies Division of Professions and Occupations

> **Electrical Board** Dynalectric Company

Electrical Contractor

EC.0000019 Number

Credential Status Verify this credential at: www.celorado.gov/dora/dea

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations

> **Electrical Board Dynalectric Company**

Electrical Contractor

EC.0000019 Number

Active **Credential Status** Verify this credential at: WWW.colorado.gov.

10/01/2017 Issue Date

09/30/2020 **Expire Date**

Division Director: Ronne Hines Credential Holder Signature



10/01/2017

Issue Date

Expire Date

09/30/2020



COLORADO SPRINGS FIRE DEPARTMENT

November 20, 2018

Casey Curtin Dynalectric 345 Sheridan Blvd. Lakewood, CO 80226

Re: Responsible Managing Employee

Dear Mr. Curtin,

The Pikes Peak Regional Building Department forwarded for our review your application and file for an additional or change in the Responsible Managing Employee. You have met the requirements for Responsible Managing Employee per the Pikes Peak Regional Building Code and have been approved by the Colorado Springs Fire Department.

As per Pikes Peak Regional Building Code, a Responsible Managing Employee is an exclusive permanent employee of a company, corporation or similar entity who holds the appropriate credentials and proof of employment as required by PPRBC. Responsible Managing Employees are active in the day-to-day business of the company and cannot be listed for multiple contractors.

No further action is necessary. If you have questions, please feel free to call Chip Taylor at (719) 385-7303 or Doreen Withee at (719) 385-7361.

Sincerely,

Brett T. Lacey, P.E., C.S.P.

Fire Marshal

cc: Regional Building Department - Licensing Section



Colorado Springs Fire Department 2880 International Circle, Suite 200-7 Colorado Springs, CO 80910 TEL 719-385-5982





Dynalectric Company 345 Sheridan Boulevard Lakewood, CO 80226 Phone: 303.233.4488

Fax: 303.232.4080

July 16, 2019

Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910

Re:

RME exclusive full time employee

To Whom It May Concern,

I, Gina Maria Cullen, acknowledge and guarantee Casey Curtin is an exclusive full time employee of Dynalectric Company.

If you have any questions or require additional information, please contact me at (303) 205-5565.

Sincerely, *Dynalectric Company*

Gina Maria Cullen President & CEO, Colorado



ATTACHMENT DYNCO CLAIMS

Dynalectric Company's Colorado operation has been involved in one litigation since 1993.

Date Filed:

August 2013

Case No.:

2013CV31167

Court:

Boulder County District Court

Subject Matter:

A confidential technology corporation filed suit against Dynalectric Company and its subcontractor, Liebert Corporation, A Subsidiary of Emerson Network Power (also a direct contractor to the client), for \$883,881.87 in alleged damages as a result of a Liebert Corporation employee action that caused a

power outage in June 2012.

Date Closed:

As of October 24, 2014, the suit and associated crossclaims and

counterclaims were settled through confidential mediation and closed.



Contractor License

License Number: E-003004



ISSUED DATE:

10/01/2017

EXPIRATION DATE:

9/30/2020

Contractor Type: Electrical Contractor

DYNALECTRIC COMPANY DBA: DYNALECTRIC COMPANY 345 SHERIDAN BLVD **DENVER, CO 80226**

Chief Building Official Aspen

Chief Building Official, Pitkin Co.



Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

1334132

CONTRACTOR LICENSE

License Number: 2018 1553289 00 CL

Contractor Name: DYNALECTRIC COMPANY

Type of License: Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division Chapter 22
Building Regulations, Article III Contractors Division 22-61 through 22-102 for contractor and supervisor licensee responsibilities.

DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD CO 80226

Cut along perforated line

Wallet

Duplicate



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420

Valid through: 12/01/2019

Valid through: 12/01/2019

Contractor: DYNALECTRIC COMPANY

Contractor: DYNALECTRIC COMPANY

Type of License: Fire Alarm Systems Contractor

Type of License: Fire Alarm Systems Contractor

License #: 2018 1553289 00 CL

License #: 2018 1553289 00 CL

A signed license by license official should be maintained in your files.

A signed license by license official should be maintained in your files.



Public Works Building Division 15151 E. Alameda Pky Aurora, CO 80012 303-739-7420

1319704

CONTRACTOR LICENSE

License Number: 2018 1523882 00 CL
Contractor Name: DYNALECTRIC COMPANY

Type of License: Right Of Way Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division <u>Chapter 22</u> <u>Building and Building Regulations, Article III Contractors Division 22-61 through 22-102</u> for contractor and supervisor licensee responsibilities.

DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD CO 80226

Cut along perforated line

Wallet

Duplicate



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420

Valid through: 10/01/2019

Valid through: 10/01/2019

Contractor: DYNALECTRIC COMPANY Contractor: DYNALECTRIC COMPANY

Type of License: Right Of Way Contractor Type of License: Right Of Way Contractor

A signed license by license official should be A sign

maintained in your files.

A signed license by license official should be maintained in your files.



Public Works
Building Division
15151 E. Alameda Pky
Aurora, CO 80012
303-739-7420

1335568

SUPERVISOR LICENSE

License Number: 2018 1556217 00 SL

Supervisor Name: CASEY CURTIN

Type of License: Fire Alarm Systems Contractor

Permits Online User

LICENSING OFFICIAL

It is the licensee's responsibility to be familiar with the City of Aurora Building Codes Division Chapter 22
Building Regulations, Article III Contractors Division 22-61 through 22-102 for contractor and supervisor licensee responsibilities.

CASEY CURTIN 14941 HANOVER ST BRIGHTON CO 80602

Cut along perforated line

Wallet

Duplicate



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420



Public Works Building Division 15151 E. Alameda Parkway AURORA, CO 80012 PHONE NO. (303) 739-7420

Valid through: 12/31/2021

Valid through: 12/31/2021

Contractor: CASEY CURTIN

Contractor: CASEY CURTIN

Type of License: Fire Alarm Systems Contractor

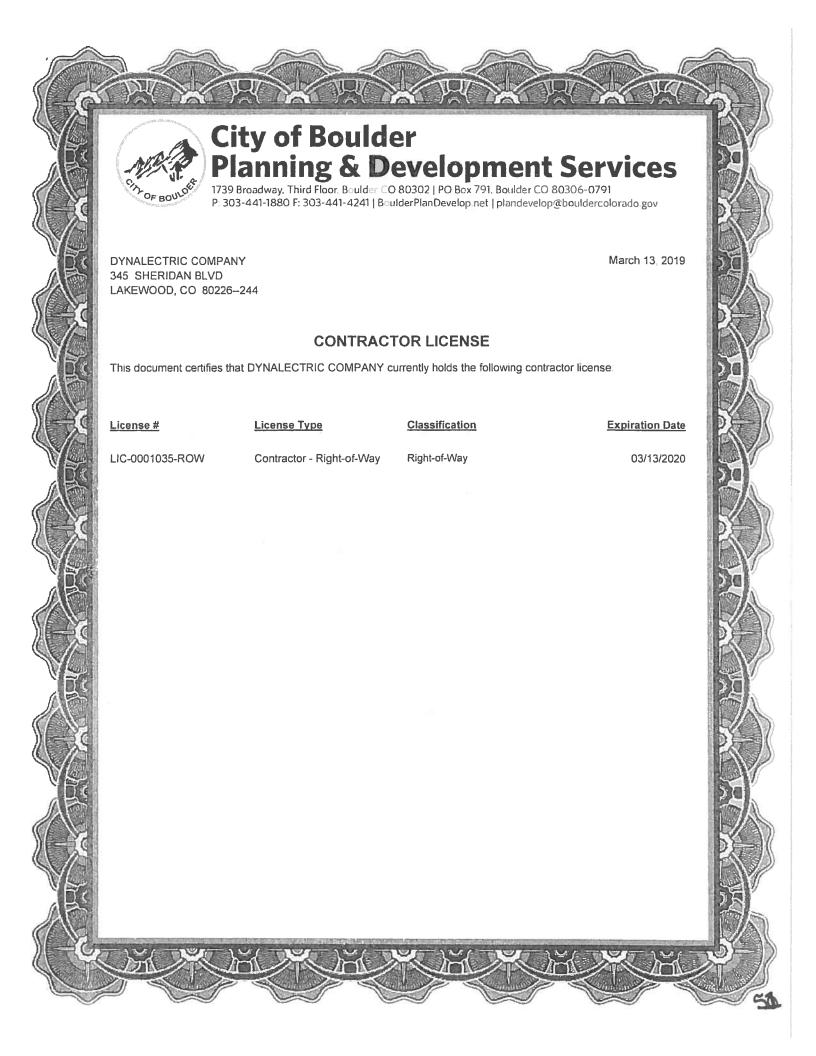
Type of License: Fire Alarm Systems Contractor

License #: 2018 1556217 00 SL

License #: 2018 1556217 00 SL

A signed license by license official should be maintained in your files.

A signed license by license official should be maintained in your files.





City and County of Broomfield One DesCombes Drive Broomfield, Colorado 80020

Contractor's License

DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD, CO 80226

License Type: Elec

This registration/license duly recognizes the above mentioned as meeting Broomfield Municipal Code, Title 15 requirements for registration/licensure as a contractor in the City and County of Broomfield for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15.

Effective Date: 09/01/2017 Expiration Date: 09/30/2020

Timothy Pate, Chief Building Offical

Thorty Pace

Contractor Wallet ID Card
Cut on outside line and fold to fit.

Issued to:DYNALECTRIC COMPANY

Address:345 SHERIDAN BLVD

LAKEWOOD, CO 80226

License No.:OL-20-07553

This registration/license duty recognizes the above mentioned as meeting Broomfeld Municipal Code. Title 15 requirements for registration/ficensure as a contractor in the City and County of Broomfeld for the term set forth. This registration may be revoked, suspended, or denied for cause in accordance with BMC Title 15

Effective Date: 09/01/2017 Expiration Date: 09/30/2020

Timothy Pate
Chief Building Offical

Information needed to request an inspection:

- >> Permit Number
- >> Address of Inspection
- >> Type of Inspection
- >> Date of Requested Inspection
- >> Name and phone number of person requesting inspection

City and County of Broomfield

One DesCombes Drive Broomfield, CO 80020

Inspection Line:

303.438.6376

No: OL-20-07553

Building Division:

303.438.6370

Fax:

303.438.6207



City of Centennial

13133 E Arapahoe Rd Centennial, CO 80112 P: 303-754-3321 F: 303-708-1790 PROFESSIONAL LICENSE CERTIFICATE

Issued To:

Dynalectric

Certification(s):

0000019 - State Contractors License,

0600376 - State Masters License,

GL6072246207 - General Liability Insurance, WC6072290921 - Worker's Compensation

Mailing Address:

345 Sheridan Blvd

Lakewood, CO 80226

License Number:

Expiration Date:

CL-08714

Issued Date:

6/10/2019

6/10/2020

License Type:

Contractor

Classification:

Electrical

TO BE POSTED IN A CONSPICUOUS PLACE



7887 E 60th Ave Commerce City, CO Phone: 303-289-3790 / Fax 303-289-3731

BUILDING SAFETY DIVISION

Contractor License / Registration Number: 1698 License Type:Electrical

Issued To:

(C) Dynalectric Company 345 Sheridan Blvd.

Lakewood, CO 80226

This registration/license duly recognizes the above-mentioned as meeting Commerce City's requirements for registration/license as a contractor in the City of Commerce City for the term set forth. This registration/license may be revoked, suspended, or denied for cause in accordance with Article III, Chapter 5, Commerce City Municipal Code.

Effective Date: 11/26/2018

Expiration Date: 12/31/2019

Patel S Bully

Patrick Buckley, Building Official City of Commerce City

Schedule an inspection at:

Inspection Line: 303-289-3652 Web: http://permits.c3gov.com

Attention Contractors:

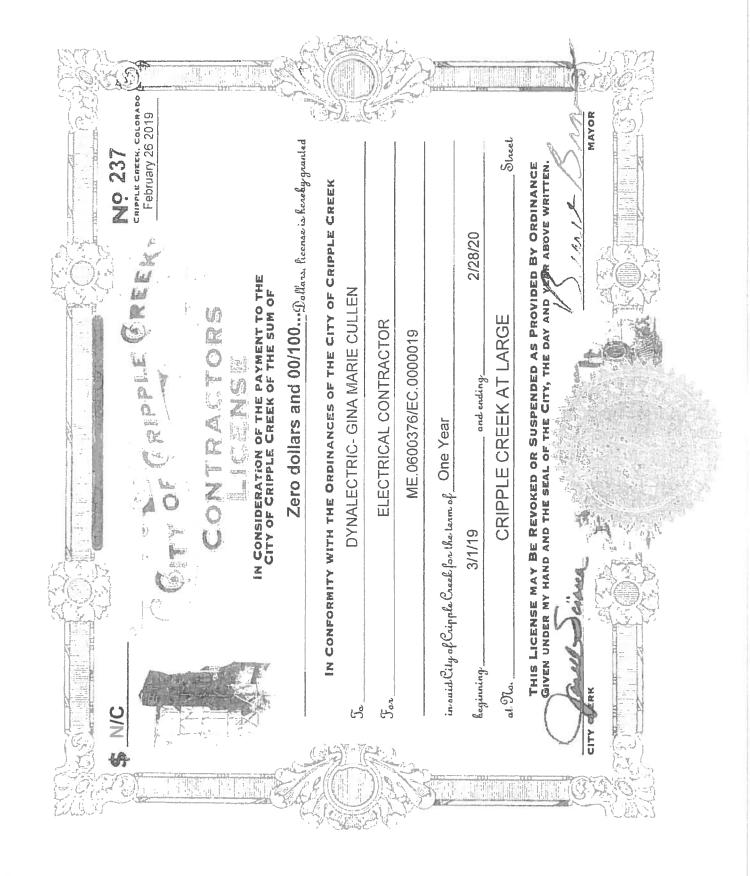
You will not be able to schedule any inspections (even on previously issued building permits) if your license(s), registration or insurance are expired. Please be sure to keep your information up to date. Contact the Building Division at 303-289-3790 if you have any questions.



7887 E 60th Ave Commerce City, CO Phone: 303-289-3790 / Fax 303-289-3731

Contractor Registration Only NO PAYMENT REQUIRED

Date Registered:11/26/2018 (C) Dynalectric Company



City and County of Denver Community Planning and Development

www.denvergov.org/contractor_licensing

License/Registration Number:

LIC6369

Expiration Date: 10/31/2020

License Type: Electrical

Issued To:

By Authority of the Executive Director of Community Planning and Development

DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD, CO 80226

Amount

Fund/Org/Revenue Code

Payment Date

Trans#

Status

\$250 00

R352900-*-01010-0141200

10/25/2017

3730902

Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on file.

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be scheduled for the following working day.

Please provide the following information when you call for an inspection:

V Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501 Inspections are performed Monday through Friday.

Wallet Contractor ID Card: MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on cutside of line, then fold in half

City and County of Denver

IDENTIFICATION CARD

City and County of Denver
Community Planning and Development
201 W COLFAX AVE DEPT 205
DENVER, COLORADO 80202

License/Registration No.: LIC6369

This is to certify that DYNALECTRIC COMPANY has been issued a Electrical license in the City and County of Denver, beginning on 25 October 2017 and ending on 31 Oct 2020, unless license is revoked.

By Authority of the Executive Director of Community Planning and Development



Licenses & Certificates:
Permit Counter:
Inspection Administration:
Automated Inspection Request:

720.865.2770 720.865.2705 720.865.2505 720.865.2501

City and County of Denver Community Planning and Development www.denvergov.org/contractor_licensing

License/Registration Number: Expiration Date: 03/31/2020

License Type: ROW Special

LIC242538

Issued To:

By Authority of the Executive Director of Community Planning and Development

DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD, CO 80226

> Amount \$50.00

Fund/Org/Revenue Coce R352800-1-01010-0141200 Payment Date 03/11/2019

Trans# 5332542 Status Paid

RENEWAL INFORMATION

Renewal notices will be e-mailed to e-mail address on

Renewal information is available at www.denvergov.org/Contractor_Licensing.

INSPECTION INFORMATION

Inspection requests called in by 12:00 a.m. will usually be

scheduled for the following working day

Please provide the following information when you call for an inspection:

√ Permit number

√ Type of inspection and inspection code

Automated Inspection Request System: 720-865-2501

Inspections are performed Monday through Friday.

Wallet Contractor ID Card; MUST BE KEPT IN YOUR POSSESSION AT ALL TIMES.

Cut on outside of line, then fold in half.

City and County of Denver

IDENTIFICATION CARD

City and County of Denver Community Planning and Development 201 W COLFAX AVE DEPT 205 **DENVER, COLORADO 80202**

License/Registration

LIC242538

This is to certify that DYNALECTRIC COMPANY has been issued a ROW Spécial license in the City and County of Denver, beginning on 11 March 2019 and ending on 31 Mar 2020, unless license is revoked

> By Authority of the Executive Director of Community Planning and Development



Licenses & Certificates: Permit Counter:

720.865.2770 720.865.2705

Inspection Administration:

720.865.2505

Automated Inspection Request:

720.865.2501

City of Edgewater



Electrical

Company Name:

Dynaletric Company

License Type:

Electrical

License Number:

18EDG-E-0554

Expiration Date:

Dec 6, 2019

City of Edgewater, CO - 12/06/2018

Registration Type:

Electrical

Registration Number:

18EDG-E-0554

Expiration Date:

Dec 6, 2019

Date License Issued:

Dec 6, 2018

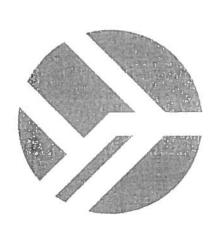
Company Name:

Dynaletric Company

Company Address:

345 Sheridan Blvd., Lakewood, For the city of Edgewater, CO - 12/06/2018

CO 80226



CONTRACTOR LICENSE / REGISTRATION

City of Englewood, Colorado DIVISION OF BUILDING AND SAFETY

License Type: R01 Electrical

Issue Date: 9/12/2017

License No: 5612

Expires: 9/30/2020

Issued To:

DYNALECTRIC 345 SHERIDAN BLVD LAKEWOOD, CO 80226

Licensing Agent:

City of Englewood, Colorado

DYNALECTRIC 345 SHERIDAN BLVD LAKEWOOD CO 80226 Dynalectric Company 345 Sheridan Blvd Lakewood, CO 80226

Town of Erie

CONTRACTOR LICENSE

License #: PL-000080-2014

Dynalectric Company 345 Sheridan Blvd Lakewood, CO 80226 License:

Exp Date:

Electrical

12/31/2019

Specialty: Electrical

Fees Paid

Paid Date

Amount

Payment Info

Town of Eric
CONTRACTOR LICENSE

LICENSE #: PL-000080-2014

Dynalectric Company 345 Sheridan Blvd Lakewood, CO 80226 Type: Electrical

Exp Date: cal 12/31/2019

2019

CITY OF FEDERAL HEIGHTS

CONTRACTOR'S LICENSE

License#

97-0009

Date Issued

09/13/2018

Class

ELEC

THIS CERTIFIES THAT THE LICENSEE AS
SHOWN HEREON IS HEREBY
AUTHORIZED TO ENGAGE IN THE
BUSINESS AS LISTED IN STRICT
COMPLIANCE WITH ALL ORDINANCES OF
THE CITY OF FEDERAL HEIGHTS

THIS LICENSE EXPIRES 08/31/2019

CONTRACTOR INFORMATION

DYNALECTRIC COMPANY

345 SHERIDAN BLVD LAKEWOOD CO 80226-2448

PHONE (303)233-4488

FAX

LICENSE FEE \$0.00

City Clerk



City License BY AUTHORITY OF THE City of Fountain

Renewal #: BUSA-2019-00003 License Number: BUS19-01059

Active Year: 2019

State of Colorado - County of El Paso

Dynalectric Company Located at 1410 Ford St To do business in the City of Fountain, Dynalectric Company Colorado Springs, CO 80915 Permission is hereby granted to

D. B. A.

to 12/31/2019 Electrical Contractor 01/01/2019 County of El Paso and the State of Colorado, from The said business performing a service of

inclusive.

to be subject to all the laws of the State of Colorado and to all ordinances of said City of Fountain, which now are or hereafter may be in force.

Given under my hand and the seal of said City of Fountain this:

Friday, January 11, 2019



Sells Non-Cigarette Tobacco:



License #: 74

TOWN OF FREDERICK CONTRACTOR'S LICENSE

STATE OF COLORADO

By Authority of the Town of Frederick, Colorado

Permission Is Hereby Given to Dynalectric Company

to earry the Contractor's Classies) in the Town of Frederick, Colorado town limits for the term(s) listed below

Class: Issued: Expires: B(t)E 1/8/2019 1Z/31/2019

IN WITNESS this 3rd day of January, 2019

Town Official

Attest

64

50.00



qJ

AS-3880

This certifies that

Dynalectric Company Gina Maria Cullen

is licensed by the City of Fort Collins, Colorado as a:

SPECIALIZED CONTRACTOR - ALARM SYSTEMS (FIRE ALARM)

Date Issued:

May 29, 2019

Expiration Date: May 29, 2021

YMAMUE (A LOCAL)

AMAGA UShir Udministratine Somices Manager



q

License No.

4570-AS

This certifies that

Curtin, Casey **Dynalectric Company**

is licensed by the City of Fort Collins, Colorado as a:

CONSTRUCTION SUPERVISOR - ALARM SYSTEMS (FIRE ALARM)

Date Issued:

May 29, 2019

Expination Date, May 29, 2021

Hontxuctor Signature



ME-1660

License No.

This certifies that

Dynalectric Company Gina Maria Cullen

is licensed by the City of Fort Collins, Colorado as a:

REGISTERED MASTER ELECTRICIAN CONTRACTOR

Date Issued: May 24, 2019

Expiration Date: May 24, 2021



Dynalectric Company

License: Gina Maria Cullen, R-3855(+) Certificate: Casey Curtin, 4534-R(+)

Expiration: May 29, 2021

Customer & Admin Survices Managor

FORT COLLINS CONTRACTOR LICENSE

Dynalectric Company

License: Gina Maria Cullen, R-3855(+) Certificate: Casey Curtin, 4534-R(+)

Expiration: May 29, 2021

Harling Forbar



DYNALECTRIC COMPANY Gina Maria Cullen Registration: ME-1660 Expiration: May 24, 2021

Morrier & Admir Services Manager

2019 CONTRACTOR REGISTRATION CERTIFICATE



City of Fort Morgan Building Department

Building Inspector: (970) 542-3908 Administrative Assistant: (970) 542-3907 710 E. Railroad Avenue * Fort Morgan, CO 80701 www.cityoffortmorgan.com

Dynalectric Company

DBA:

345 Sheridan Blvd Lakewood CO 80226 Mailing Address:

345 Sheridan Blvd Lakewood CO 80226

Contractor Number: 0266

Digital Signature Authorized By Brenda J. Guggenmos Administrative Assistant

Issue Date:

Expiration Date:

01/01/2019 12/31/2019

Brenda J. Suggermos

It is the Contractor's responsibility to be familiar with the current Building Codes the City of Fort Morgan has adopted.

Please maintain this Certificate in your files.

Contractor Registration Cards

	Cut along pe	erforated lines				
Wa	llet Copy	Duplicate Copy				
710 E. Railroad Ave * Fort f	Fort Morgan forgan, CO 80701 * 970-542-3907 TOR REGISTRATION	City of Fort Morgan 710 E. Railroad Ave * Fort Morgan, CO 80701 * 970-542-3907 2019 CONTRACTOR REGISTRATION				
0266 Contractor Number	01/01/19 12/31/19 Issue Date Expires	0266 Contractor Number	01/01/19 Issue Date	12/31/19 Expires		
Dynalectric Company DBA: 345 Sheridan Blvd Lakewood CO 80226	Brinda (Sugirmos	Dynalectric Company DBA: 345 Sheridan Blvd Lakewood CO 80226		J. Duggrmos		
Issued By:	Brenda J. Guggenmos Administrative Assistant	Issued By:	Brenda J. Guggenmos Administrative Assistant			



CONTRACTOR LICENSE

CONTRACTORS NAME

DYNALECTRIC COMPANY

ADDRESS

345 SHERIDAN BLVD LAKEWOOD CO 80226

LICENSE CLASS: ELECTRICAL REGISTRATIONS

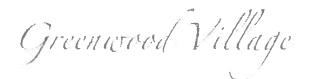
LICENSE NUMBER: 901162

EXPIRATION DATE: January 31, 2020

Board of Appeals

Building Official

DYNALECTRIC COMPANY 345 SHERIDAN BLVD LAKEWOOD CO 80226



Community Development Department Contractor License

BY THE AUTHORITY OF THE CITY OF GREENWOOD VILLAGE, THE FOLLOWING LICENSE IS HEREBY GRANTED TO:

CONTRACTOR:

Dynalectric Company

DOING BUSINESS AS:

POINT OF CONTACT:

Gina Cullen

STREET ADDRESS:

345 Sheridan Blvd

CITY, STATE, ZIP:

Lakewood, CO 80226

PHONE NUMBER:

(303) 233-4488

EMAIL:

dyna-co@emcor.net

CLASS:

LEVEL E-

ELECTRICAL/PLUMBING

LICENSE NUMBER:

OL-20-03192

FEE:

\$NaN

DATE ISSUED:

03/12/2019

DATE EXPIRED:

09/30/2020

THIS LICENSE IS NON-TRANSFERABLE

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION FOR SAID LICENSE. THIS LICENSE MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. THE ABOVE LICENESEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE UNITED STATES, STATE OF COLORADO, COUNTY OF ARAPAHOE, CITY OF GREENWOOD VILLAGE, AND ALL AGENCIES THEREOF.

Steve Hinkley, Chief Building Official

CITY OF IDAHO SPRINGS CONTRACTOR LICENSE

NO:

18120

This certifies that

Dynalectric Company

has met the requirements as set forth in the Idaho Springs Municipal Code and is therefore authorized to perform work as a Electrical

Contractor within the City of Idaho Springs

Date of Issue:

12/07/2018

Date of Expiration: December 31, 2019

Diane Breeze

City Clerk

CITY OF IDAHO SPRINGS CONTRACTOR LICENSE

NO:

18120

This certifies that

Dynalectric Company

has met the requirements as set forth in the Idaho Springs Municipal Code and is therefore authorized to perform work as a Electrical

Contractor within the City of Idaho Springs

Date of Issue:

12/07/2018

Date of Expiration: December 31, 2019

Diane Bruce

City Clerk



CONTRACTOR'S LICENSE

City of Thornton 9500 Civic Center Drive Thornton, CO 80229 303-538-7250

Contractor Number: LCC	:20150F2474
------------------------	-------------

This is to certify that:

DYNALECTRIC COMPANY

345 SHERIDAN BLVD

LAKEWOOD, CO 80226

Has been issued the following license(s):

Issuance Type

License Number

Date Issued

Expiration Date

Class D Electrical

ELE201900778

05/09/2019

05/09/2021

Chief Building Official

Signature of Licensee



issued to

Gina Cullen Dynalectric Company 345 Sheridan Blvd. Lakewood CO 80226

issued by

City of Lafayette 1290 S. Public Rd. Lafayette, CO 80026

(303) 661-1270 phone (303) 665-2153 fax michellev@cityoflafayette.com



Electrical Contractor

Issued By

City of Lafayette 1290 S. Public Rd. Lafayette, CO 80026

This license issued in compliance with the Ordinances of the City of Lafayette and subject to the provisions thereof.



Issued To

Gina Cullen Dynalectric Company 345 Sheridan Blvd Lakewood, CO 80226

Valid From

08/10/19 - 08/10/20

License Number

ELC2768052

L' Kenty

NON-TRANSFERABLE



NOTICE:

This license issued in compliance with the Ordinances of the City of Lafayette and subject to the provisions thereof.

Electrical Contractor

Valid From 08/10/19 - 08/10/20

Lafayette

License Number

ELC2768052

Issued To

Gina Cullen Dynalectric Company

345 Sheridan Blvd

Lakewood, CO 80226

Issued By

City of Lafayette 1290 S. Public Rd.



Dynalectric Company 345 Sheridan Blvd Lakewood, CO 80226

City of Lakewood

Civic Center North 480 South Allison Parkway Lakewood, Colorado 80226 303-987-7500

Contractor Registration #: E0000019

Type of Registration: Issue Date: Expires On: 3/5/2017 3/5/2020

MIKE SIZEMORE, BUILDING OFFICIAL

Littleton ANTHING BUT LITTLE

CONTRACTOR LICENSE

Department of Building Inspection

DYNALECTRIC COMPANY GNA CLILEN 345 SHERIDAN BLVD DENVER CO 80226

E - Electrical

Contractor Number: E00271

Etrakit Password 2320

Local License Expiration: 10/1/2019

Chief Building Official



BUSINESS LICENSE CITY OF LONE TREE

www.cityoflonetree.com

License # 7272

Date of Issuance: 6/1/2016

No Expiration Date

9220 Kimmer Drivo Lone Tree, CO 80124 Gita.Listiadji@cityoflonetree.com 303-708-1818

Lakewood, CO 80226

POST THE LICENSE IN A CONSPICUOUS PLACE AT ALL TIMES

Melling Andress

Heather Moore
Dynalectric Colorado
345 Sheridan Blvd

Dynalectric Colorado 345 Sheridan Blvd Lakewood, CO 80226

Business Location Address

Seth Hoffman, License Administrator

NUT TRANSFERABLE

RECEIVED ALG 16 PAIL DYNALECTRIC

GINA CULLEN
% DYNALECTRIC COMPANY
345 SHERIDAN BLVD
LAKEWOOD, CO 80226



City of Longmont - Inspection Division

This certifies that

GINA CULLEN is a license/qualified individual, doing business as DYNALECTRIC COMPANY, and is duly registered/licensed as an Active E - Electrical Contractor Contractor in the City of Longmont until 06/30/2019. In testimony whereof, this card is issued in Longmont, Colorado on Aug 13, 2018.

No: E01003144

J McKnight Acting Chief Building Official

PLEASE CUT OUT AND TRIM THE CARD ABOVE TO FIT IN YOUR WALLET.

Conditions

Dear GINA CULLEN.

Aug 13, 2018

Congratulations!

This is your wallet card as evidence of Licensing /Registration with the City of Longmont, Building Inspection Division. Please examine the information below for accuracy. Should there be errors, please notify Building Inspection at (303) 651-8332 to correct this information.

License expires: June 30, 2019

License Status: Active

License Classification: E - Electrical Contractor

Liability Insurance Company Name: CONTINENTAL CAS

Policy amount: 2000000.00 Liability Insurance Policy:

Liability Insurance Expiration Date: 10/01/2018

Workers Compensation Insurance Expires: October 01, 2018

Qualified

GINA CULLEN

345 SHERIDAN BLVD LAKEWOOD, CO 80226

License Holder

DYNALECTRIC COMPANY

345 SHERIDAN BLVD LAKEWOOD, CO 80226

Electrical Contractor Registration: This Registration with the City of Longmont entitles the Electrical Contractor to engage in the electrical installation of wiring, appliances, or other electrical apparatus of any nature, kind, or description (except central stations, power houses, or substations) for the purpose of transmitting or utilizing electric current for light, heat, power, or electrical signal systems or other purposes inside of or in connection with any building or buildings, unless such person has received an electrical contractors license from the State of Colorado. An Electrical contractor licensed with the State of Colorado and registered with the City of Longmont may engage in the business of contracting for the installation, altering, or repairing of electrical wiring and apparatus of any kind or nature.



& Building Safety 749 Main Street Louisville CO 80027 303.335.4584 www.louisvilleco.gov

CONTRACTOR'S LICENSE

ISSUED TO: Gina Cullen, Dynalectric Company

LOCATION: 345 Sheridan Blvd

Lakewood, CO 80226

ICC TEST HOLDER:

MASTER LICENSE HOLDER:

Gina M Cullen

ISSUED DATE: 10/24/2018

EXPIRATION DATE:

10/24/2019

LICENSE TYPE: Electrical Contractor

CLASSIFICATION:

Master

LICENSE NUMBER: LSVL-000237-2016

This contractor's license has been issued in accordance with City of Louisville Municipal Code Chapter 5.12. It is therein established to be unlawful for any contractor to violate any provision of State Law, City of Louisville Municipal Code and Building Codes, or other pertinent City Ordinances: or to violate or refuse to obey any order issued; or neglect to pay any fee assessed under authority of the City of Louisville Municipal Code.

Town of Lyons Double Gateway to the Rockies Contractor's License

License No: 4064

Issued by: TOWN OF LYONS PO Box 49

432 5th Avenue Lyons, CO 80540 303-823-6622

Issued To:

Dynalectric Company Gina M. Cullen 345 Sheridan Blvd. Lakewood CO 80226

The above named contractor is hereby registered and licensed as a contruction contractor pursuant to Chapter 6 of Article 3 of Lyons Municipal Code. This license confirms the contractor's compliance with the requirments of Chapter 6 of Article 3 and confirms the individuals registration with Town of Lyons as required by such Chapter. This license does not certify or represent that the named individual is qualified to perform specific work as a construction contractor. This license or a copy thereof must be made available upon request by the Building Inspector of the Town of Lyons or other Town of Lyons Staff personnel.



Fee Paid: NO FEE

Expiration Date: 12/31/2019

Jamesa theen

License Clerk

THIS LICENSE IS NON TRANSFERABLE AND SHOULD BE POSTED IN A CONSPICUOUS PLACE.

LICENSE

REGIONAL BUILDING DEPARTMENT 2880 International Circle Colorado Springs, Colorado 80910

In Consideration for the payment shown, this document is issued in accordance with the provisions of the Pikes Peak Regional Building Code.

Contractor ID: 7607

ELECTRICAL CONTRACTOR

Expires:

30-Apr-2020

Issued: Amount: 06-Mar-2019 \$0.00

DYNALECTRIC COMPANY GINA CULLEN 345 SHERIDAN BLVD LAKEWOOD, CO 80226

RECEVED

Mar 1 71. 1.

DYNALECTRIC

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

DYNALECTRIC COMPANY

is an entity formed or registered under the law of Delaware has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971202108.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/29/2019 that have been posted, and by documents delivered to this office electronically through 07/30/2019 @ 12:14:58.

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/30/2019 @ 12:14:58 in accordance with applicable law. This certificate is assigned Confirmation Number 11712780



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of

the Secretary of State's Web site, will do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site,

"Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).

1: N	DUCER MARSH USA INC 166 AVENUE OF THE AMERICAS EW YORK, NY 10036		CONTACT NAME: PHONE (A.C. Np. Ex): E-MAIL ADDRESS:		FAX (A/C, No):	\$100 pp.	
	none: 866-966-4664			SURER(S) AFFOR	DING COVERAGE		NAIC#
	mcor.Certrequest@marsh.com / Fax: 203-229-6787 15-DYN-LAK-18-19		The same and a second section of the second section of the second section of the second section sectio	INSURER A : Continental Casualty Company			
INSU	RED				the second secon		20443
DYNALECTRIC COMPANY 345 SHERIDAN BLVD				INSURER B : American Casually Company of Reading, PA INSURER C : Transportation Insurance Co			
	KEWOOD, CO 80226			mon madance co			20494
			INSURER D : N/A	they to be	scaled and and the sale of the same that the sale of the particle and the sale of the sale		N/A
			INSURER E :				
	(FR. 6.56)	FIGERS MILES PR	INSURER F :		DEMOIST 1// 12 P. C.		
	VERAGES CERTIFY HIS IS TO CERTIFY THAT THE POLICIES C	FICATE NUMBER:	NYC-010378905-02		REVISION NUMBER: 5	JE DÓ	HOY PERIOR
IN CI E)	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO	UIREMENT, TERM OR CONDITIC ERTAIN, THE INSURANCE AFFOR DLICIES. LIMITS SHOWN MAY HAV	ON OF ANY CONTRACT RDED BY THE POLICIE VE BEEN REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR		DDL SUBR ISD WYD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY	GL 6072246207	10/01/2018	10/01/2019	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR				PREMISES En occurrence	\$	1,000,000
					MED EXP (Any one person)	\$	25,000
					PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER.				GENERAL AGGREGATE	\$	6,000,000
	POLICY X PRO-				PRODUCTS - COMP/OP AGG	\$	14,000,000
A	OTHER. AUTOMOBILE LIABILITY	BUA 6072246269	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT	\$	2 000 000
	X ANY AUTO			,	BODILY INJURY (Per person)	\$	2,000,000
	OWNED SCHEDULED				BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS				PROPERTY DAMAGE		
	X AUTOS ONLY X NON-OWNED				Per accident	\$	
					Auto Physical Damage	\$	Included
	UMBRELLA LIAB OCCUR	1			EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS MADE	1			AGGREGATE	\$	
	DED RETENTION 1	1				\$	
В.	WORKERS COMPENSATION	WC 6072290921 (AOS)	10/01/2018	10/01/2019	X PER OTH-		
В	ANYPROPRIETOR/PARTNER/EXECUTIVE	WC 6072336019 (CA)	10/01/2018	10/01/2019	E.L. EACH ACCIDENT	\$	1,000,000
С	(Mandatory In NH)	WC 6072378738 (AZ, OR, WI)	10/01/2018	10/01/2019	E L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	-	1,000,000
	PRIPTION OF OPERATIONS / LOCATIONS / VEHICLES ELECTRICAL CONTRACTOR LICENSE	S (ACORD 101, Additional Remarks Scho	dulo, may be attached it mo	re space is requir	ed)		
CE	RTIFICATE HOLDER		CANCELLATION				,
28	KES PEAK REGIONAL BUILDING DEPT, 180 INTERNATIONAL CIRCLE DLORADO SPRINGS, CO 80910			N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E LY PROVISIONS.		
			AUTHORIZED REPRESS of Marsh USA Inc.	ENTATIVE			
			Manashi Mukherjee	_	Marraoni Muca	Lhias	-
			© 1:		ORD CORPORATION		<u> </u>



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

8/1/2019 8:31:15 AM (SABRINA)

@PPRBD

Receipt #: 1618851

@ppregionalbuilding

Contractor: DYNALECTRIC COMPANY (7607)

Transaction Summary

Account	Description		Refer	ence	Amount
1301-40036 1301-40112	CONTRACTOR FEES CONVENIENCE FEE	APPLICATION WESTERN UNION SPEEDPA		fee FEE	\$50.00 \$3.50
				Total Due:	\$53.50
		Payment Summary			

Reference	Amount
718388	\$53.50
_	718388

Total Tendered: \$53.50

Comment:

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 1021 N. Cascade Ave., Colorado Springs, CO 80903 (166015 CC Tutt Library Project)
Type of work (check one) ☐ Residential ☐ Commercial Cost: 137,772.00 Date: 08/2017 Your position: Fire Alarm Contractor B & Electrical Contractor
Describe Job in detail: Replaced, relocated and installed new duct detectors, smoke detectors, horn strobes, pull stations and fire alarm panel.
2. Project Street Address: 305 Rockrimmon Blvd S, Colorado Springs, CO 80919 (186016 HPE Chiller)
Type of work (check one) ☐ Residential ☐ Commercial Cost: 10,007.00 Date: 02/2018 Your position: Fire Alarm Contractor B & Electrical Contractor
Describe Job in detail: Install new duct detectors, pull stations and horn/strobes
3. Project Street Address: 10652 Federal Dr., Colorado Springs, CO 80908 (166019 WMDC PREFAB)
Type of work (check one) ☐ Residential ☐ Commercial Cost: 8,773.00 Date: 11/2016 Your position: Fire Alarm Contractor B & Electrical Contractor
Describe Job in detail: Replaced, relocated and installed new duct detectors, smoke detectors, horn strobes, and pull stations.
4. Project Street Address: 10625 Federal Dr., Colorado Springs, CO 80908 (156009 WMDC PH2)
Type of work (check one) ☐ Residential ☐ Commercial Cost: 29,857.00 Date: 09/2015 Your position: Fire Alarm Contractor B & Electrical Contractor
Describe Job in detail: Install monitor modules & control modules on 14 new Crah Mechanical units
5. Project Street Address: 305 Rockrimmon Blvd., Colorado Springs, CO 80919 (176016 HP CX03 MicroFocus)
Type of work (check one) Residential Cost: 17,044.00 Date: 07/2017 Your position: Fire Alarm Contractor B & Electrical Contractor
Describe Job in detail: Install new duct detectors and horn strobes.
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principal or manager) Gina Maria Cullen, President & CEO, Colorado Date: 8/2/2019
Signature: Date: 8/2/2019 85
/ 85



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY	NAME: FOST	ER ELECTRIC					
PRINCIPAL	. BRADLEY FO	OSTER	LICEN	SE HOLDER	R: SHAUN KALE	BFLIESH	
RME: SHAL	JN KALBFLIES	4		MEND:			
				APPRO DATE 8		DISAPPROVAL	
LICENSE AP	PLYING FOR:						
FSC-A	FSC-B	FSC-C	FSC-D	FSC-H	FSC-M F	AC-A FAC-B	
FAI	FSI	FSI-L	FST-B	FST-C	FST-D	FHT	
	PPRBI	INFORMATI	ON		NAME	DATE	
RECEIVE	D BY PPRBD				PAUL M	08/21/2019	
CRIMINA	L BACKGRO	UND CHECK			PAUL M	08/21/2019	

DEPARTMENT	NAME	DATE

COMMENTS:

SENT TO FIRE

Fire Alarm Contractors - B

X • RME w/ Current NICET Level II or higher in Fire Alarm Systems o

PAUL M

08/21/2019

X. Certificate of Liability and Workers' Compensation insurance.

X.Documentation of minimum 5 years work experience.

PPRBD LICENSING

Phone: 719-327-2887

<u>FIRE</u>

Fax: 719-327-2626

Phone: 719-385-5982 Fax: 719-385-7330

Email: Licensing@pprbd.org

Email: Fireconstructionservices@springsgov.com

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Alarm Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

FIRE ALARM CONTRACTOR LICENSE REQUESTED (Check one)

□ FAC-A

✓ FAC-B

RBD USE ONLY
Date 4-21-14
Initial PM
Receipt # 1623775
RBD #

Business Information
Type of Entity (Check one) □ Individual □ Partnership /□ Corporation □ LLC
Business Name: FOSTER FLECTRIC (The business name is the name that will appear on the license and is the actual name under which the contracting business will operate.)
Federal Employer Identification Number: 34-1107843
Business Address: Street Address Apartment/Unit #
City State ZIP Code
Business Phone: 1950 Business Email: Mida Hosterckechaces Company
Business Fax: 119 500 0409 Business Website: WWW. TUSTERCHOOM. Conf. Conf.
Company's Principal Officers, Partners, or Owners Name: Braden A Father Title: President
Title.
Name: Title:
1. Number of years company has operated as a contractor? (If new, write "new")
2. Type of work performed? (Check one or both, if applicable) Residential Commercial
3. Has the company ever been named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against them in which the company was the contractor? Yes No If yes, Explain
4. Has the company been a defendant in a collection action court case? Yes No If yes, Explain
5. Has the company ever declared bankruptcy? Yes No If yes, Explain
6. Has the company ever had a license suspended or revoked? Yes No If yes, Explain
7. Has the company ever defaulted on a contract? Yes No If yes, Explain
Licenses held by the Company
Jurisdiction - License type and number Jurisdiction - License type and number
10985 (Infrustroslicence PPRBS) MF. absorbs DORA Master Electrogai
CIMOR DO JOHN CALL

	Project history (List projects in which this company worked as the contractor.)
	1. Project Street Address: 7232 Shendan Am Pal Carson Confleway
	Type of work (check one) Residential Commercial
	Cost: 299, 169, Plate: 2018-2019 Your position: Elecancal
	Describe Job in detail: New 5 story Hotel on Barry
	2. Project Street Address: 450 Academy Hayle Loop OS, Co-GPD
	Type of work (check one) □ Residential □ Commercial
	Cost: 1,206,55 Date: 2018-2019 Your position: Tochercal
S	Describe Job in detail: New 1- Story Police Station.
	3. Project Street Address: Aurport Rd & Sturbert Ame - Fed Ex
	Type of work (check one) □ Residential □ Commercial
	Cost: 150,505 Date: 418 2019 Your position: Electrical
	Describe Job in detail: New Cross Jock & mintenance shop for Fedex
	4. Project Street Address: 1795 Bange St H. Carson Batallion
	Type of work (check one) ☐ Residential Commercial
	Cost 2, 441) Date 2019 2000 Your position: Electroscal
	Describe Job in detail: New office building at Fort Corson for Colorado Net Guard
	5. Project Street Address: 3020 N Novadahu - Vasa
	Type of work (check one) □ Residential □Commercial
	Cost: 427,749 Date: 2019 Your position: Cle Chrica
	Describe Job in detail: Remodel of commercial space to new gym
	CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made. Print name and title (ewner, principal or manager)
	Signature: Date: 9/21/19

Date of Bir Address:	Legal Name: _ Last	Kalhfliach				_
Address: _	Last	Kalbfliesh	Sha	aun		R
Address: _	0.510.011.01			First		м.і.
	th: 05/23/198	34	Sc	ocial Security Numb	er: 💻	
	3210 Galle	ria Ter				
	Stre	eet Address				Apartment/Unit #
C	Colorado S	prings,		CO		80916
	City			State		ZIP Code
Phone: $\frac{7}{2}$	19-661-80)32 Fa	ıx:		Email:	shaunk@fosterelectriccorp.co
. What is	vour area of e	xpertise in the in	dustry? Ele	ectrical and Fir	e Ala	rm Installation
		rked in the indust		/ears		
				partner, employee,	etc.) E	Employee
. Have you	u ever been co	nvicted of a misc	lemeanor or	felony? ☐ Yes ☑ No	o If yes,	Explain
. Have you	u had a license	suspended or re	voked?	es 🛭 No If yes, Expla	ain	
ualifying i	ndividual, per	form one or more	e of these du Certifi	irect supervision on ties?		
207000	S.K. NICET #	†		ICET Level	-> 01	Expires
!3/2 83	151 <i>().</i> 52 P.E. #		2	Issued	09	10112022 Expires
						EXPIRES
	D.O.T. <i>i</i>	‡		Issued		Expires
			Work	History		
Co	mpany	Positi		To		From
		Apprentice/Jo		Current		Dec 2010
oster Fle		Field Opps M		June 2019		May 2017
oster Ele	ctric	FA installer		Current		June 2014
			anago,			
oster Electoster Electoster Electoster Electoster ERTIFICAT	requires all p	ersons seeking a	license to u	ndergo a Criminal B	ackgrou	Peak Regional Building nd Check. I hereby
Foster Electricate ERTIFICAT epartment uthorize Pinformation may deny mapplication	requires all p ikes Peak Regi provided on t e a license aff is untrue, lice	ersons seeking a onal Building Dep his application. I ter reviewing my nse granted to m	license to un partment to agree and u Criminal Bad e is automat	ndergo a Criminal B perform a Criminal Inderstand Pikes Peackground Check. If a cically revoked.	ackgrou Backgro ak Regio	Peak Regional Building
Foster Electricate ERTIFICAT epartment uthorize Pinformation may deny mapplication	requires all p ikes Peak Regi provided on t e a license aff is untrue, lice	ersons seeking a onal Building Dep his application. I ter reviewing my	license to un partment to agree and u Criminal Bad e is automat	ndergo a Criminal B perform a Criminal Inderstand Pikes Peackground Check. If a cically revoked.	ackgrou Backgro ak Regio	Peak Regional Building nd Check. I hereby und Check utilizing onal Building Department

T						
Legal Na	me:	Kalbfliesh		Shaun		R
J		Last		First		M.I.
Date of I	Birth:	05/23/1984		_ Social Security Nur	nber:	
Address:	321	0 Galleria Te	er			
			Address			Apartment/Unit #
	Colo	orado Spring	5	CO		80916
		City		State		ZIP Code
Phone:	719	-661-8032	Fax:		Email:	
1. What	is you	ır area of exp	ertise in the industry?	Electrical and F	Fire Ala	rm installation
			ed in the industry? 10			
			vith the company? (Owr		ee, etc.) _	Employee
		ver been conv	ricted of a misdemeano		No If yes,	Explain
4. Have y 5. Have y 6. I, the (Respons	you e you ha undea sible A	ad a license s rsigned, do ho Managing Emp	uspended or revoked? E ereby submit applicatio loyee) or Licensee for t	r or felony? □ Yes ☑ ☑ Yes ☑ No If yes, Ex n for the stated cont the firm named herei	plain ractor's li n. I do he	cense as the RME eby expressly represent,
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CERTIFICATION (The following declaration is to be signed by the RME) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked.

Print name & title (RME): Shaun R Kalbfliesh	91
Signature of (RME):	Date: 8-20-19

Shaun Kalbfliesh

Prafile

Forman/Manager with 20+ years of experience in general construction industries, serving in all facets of the electrical industry since 2002.

Edacation

IEC - Electrical Apprenticeship Training IEC - Fire Alarm Training

Perting/ Certification

FA2 Examination - June 2014

Journeyman Electrician - Oct 2015

FA2 Examination - March 2018

Nicet 1 & 2 Examination - Aug 2019 Nicet# 237283

Experience

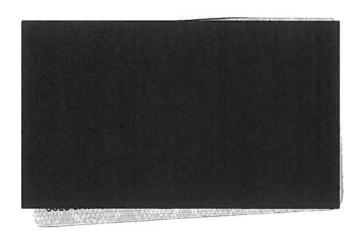
Apprentice (2002, Dec. 2010 -Oct. 2015)
Foreman (Oct. 2015 - May, 2017; June. 2019 - Present)
Field Operation Manager (May, 2017 - June. 2019)
FA-2 Installer (June. 2014 - Present) License# 11100
Foster Electric Corp. (Colorado Springs, CO)

Performed electrical and Fire Alarm installation in commercial buildings, hotels, restaurants and small industrial setting in Colorado Springs and surrounding areas. This was to include multi story ground up building and remodels to small tenant finishes.

Perform management duties related to the Construction Department field operations, including budget monitoring, manpower projections and dispatching, jobsite coordination efforts, and tool/material planning and implementation

Apprentice Electrician (2002) Hedges Electric (Woodland Park, CO)

Performed general electrical installations for residential houses and small commercial experience.





THIS IS TO CERTIFY THAT SHAUN RYAN KALBFLIESH

IS A LICENSED (ID# 11100)
Fire Alarm Installer

1 xpires:

31 Aug-2019



1220 Valley Street Colorado Springs, CO 80915 (719) 520-0550 • FAX (719) 520-0409

August 20, 2019

To Whom It May Concern:

Shaun Kalbfliesh is an employee of Foster Electric Corp and solely works for us. Shaun has been employed with us since December 28, 2010.

Feel free to contact me at 719-520-0550 or maliam@fosterelectriccorp.com to discuss this matter

Thank you,

Controller/Office Manager

LICENSE

In Consideration for the payment shown, this document is issued in accordance with the provisions of the Pikes Peak Regional Building Code.

REGIONAL BUILDING DEPARTMENT 2880 International Circle Colorado Springs, Colorado 80910

Contractor ID: 10985

ELECTRICAL CONTRACTOR

FOSTER ELECTRIC CORP BRADLEY FOSTER 1220 VALLEY ST COLORADO SPRINGS, CO 80915 Expires: 31-Oct-2019 Issued: 16-Aug-2018

Amount: \$0.00

AUG 2 0 2018

Card filed of licenses



THIS IS TO CERTIFY THAT FOSTER ELECTRIC CORP

IS A LICENSED (ID# 10985)
ELECTRICAL CONTRACTOR

Examinee: Expires: BRADLEY FOSTER 31-Oct-2019



Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_registrations@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

Electrical Board

Foster Electric Corp

Electrical Contractor

EC.0002883
Number
Active
Credential Status

Verify this credential at: www.colorado.gov/dora/doo

Division Director Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations

Electrical Board
Foster Electric Corp

Electrical Contractor

10/01/2017

Issue Date

EC.0002883 Number Active

Active
Credential Status
Verify this credential at: www.colorado.gov/dora/doo

Division Director PRonne Hines 'Eredendal Holder Signature

OF CO.



Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_registrations@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations

Electrical Board

Bradley A Foster

Master Electrician

ME.0003625 Number

Issue Date 09/30/2020 Credential Status **Expire Date** Verify this credential at: www.colorade.gov/doraftipo

Division Director Ronne Hines

Colorado Department of Regulatory Agencies Division of Professions and Occupations

Electrical Board

Bradley A Foster

Master Electrician

ME.0003625 Number Active

10/01/2017 Issue Date 09/30/2020

Credential Status Verify this credential at: www.colorage.gov/doragdpo

Expire Date

Division Director PRonne Hine Signature



10/01/2017

def Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER				CONTACT Stephanie Stagner					
CIA-Leavitt Insurance Agency, Inc.				PHONE (719) 528-1884 FAX (A/C, No. Ext): 866-304-6093						
5585 Erindale Drive					E-MAIL ADDRESS: stephanie-stagner@leavitt.com					
Suite 107					INSURER(S) AFFORDING COVERAGE				NAIC #	
Colorado Springs CO 80918					INSURER A: United Fire & Casualty Group				13021	
INSL	RED									
Fos	ster Electric Corp				NSURER 8: Pinnacol Assurance				41190	
	20 Valley Street				INSURER C:					
	, , , , , , , , , , , , , , , , , , , ,				INSURER D :		····			
Col	lorado Springs CO 80	915			INSURER E :					
_			TATE	NUMBER:19-20 Mast	INSURER F:		REVISION NUMBER:			
_	HIS IS TO CERTIFY THAT THE POLICIES OF							DEDIO		
C	IDICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH F	UIREN TAIN,	MENT, THE I	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	IY CONTRACT OR OTH THE POLICIES DESCRI	HER DOCUME! BED HEREIN I	NT WITH RESPECT TO WHI	CH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP			JMITS	
	X COMMERCIAL GENERAL LIABILITY	1430	1,140	, CEIGT NOMBER	[annubbriit]	[HIRIOUTT111]	EACH OCCURRENCE	s	1,000,000	
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	s	100,000	
"		x		60516675	6/1/2019	6/1/2020	PREMISES (Ea occurrence) MED EXP (Any one person)	s	10,000	
					-, -,	5, 5, 5	PERSONAL & ADV INJURY	s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									
	PRO-						GENERAL AGGREGATE	5	2,000,000	
							PRODUCTS - COMP/OP AGG Contractors Limited E&O	s	2,000,000	
	AUTOMOBILE LIABILITY	+					COMBINED SINGLE LIMIT	-		
	<u> </u>	1					(Ea accident)	S	1,000,000	
A	X ANY AUTO SCHEDULED		1				BODILY INJURY (Per person)	\$		
	AUTOS AUTOS	x	X 60516675	60516675	6/1/2019	6/1/2020	BODILY INJURY (Per accident) PROPERTY DAMAGE	S		
	X HIRED AUTOS X AUTOS						(Per accident)	s		
_		 			•		Medical payments	\$		
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	S	2,000,000	
A	EXCESS LIAB CLAIMS-MADE	-					AGGREGATE	s		
	DED X RETENTION \$ 0	Х		60516675	6/1/2019	6/1/2020		s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-	<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	IN/A	N/A 4128547				E.L. EACH ACCIDENT	s	1,000,000	
В	(Mandatory in NH)	1			6/1/2019	6/1/2020	E.L. DISEASE - EA EMPLOYEE	s	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000	
A				60516675	6/1/2019	6/1/2020		-		
					1,0,000	0, 1, 1010				
			1							
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1, Additional Remarks Schedule, m	ay be attached if more spa	ce is required)				
PRO	OF OF COVERAGE This certifi	cate	is	subject to the term	ms and conditio	ns on the	policies.			
									- 1	
CEI	CERTIFICATE HOLDER CANCELLATION									
CEI	CIFICATE HOLDER				CANCELLATION					
					SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	ICELLE	DEFORE	
	Foster Electric Corp				THE EXPIRATION D	ATE THEREOF	, NOTICE WILL BE DELIVER		, DEI ONE	
	1220 Valley Street			i	ACCORDANCE WIT	TH THE POLICY	PROVISIONS.		1	
	Colorado Springs, CO 8	0915	5							
					AUTHORIZED REPRESENTATIVE					
					S Sharper (SMSMAS)				, 1	
	1				S Stagner/STSTAG Stephonic Stagner					



For this Record...
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standing
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notification
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notification

Business Home Business Information Business Search

FAQs, Glossary and Information



Summary

Details			
Name	FOSTER ELECTRIC CO	RPORATION	
Status	Good Standing	Formation date	11/14/1988
ID number	19881099118	Form	Corporation
Periodic report month	November	Jurisdiction	Colorado
Principal office street address	1220 Valley Street, Color	ado Springs, CO 80915, Uni	ted States
Principal office mailing address	1220 Valley Street, Color	ado Springs, CO 80915, Uni	ted States

Registered Agent			
Name	Bradley A Foster		
Street address	1220 Valley Street, Colorado Springs, CO 80915, United States		
Mailing address	n/a		

Filing history and documents

Get a certificate of good standing

Get certified copies of documents

File a form

Set up secure business filing

Subscribe to email notification

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Back



IN ENGINEERING TECHNOLOGIES® NATIONAL INSTITUTE FOR CERTIFICATION

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Shaun Ryan Kalbfliesh

IS HEREBY AWARDED CERTIFICATION AT

LEVEL II

IN FIRE PROTECTION ENGINEERING TECHNOLOGY FIRE ALARM SYSTEMS

EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE. BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE,

Certification Valid through September 1, 2022

CERTIFICATION NUMBER 151032

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS









Approval Letter

Name:

Date of Award:

Shaun Ryan Kalbfliesh

August 21, 2019

Certification Number: Certification Expire Date: 151032 09/01/2022

It is my pleasure to inform you that you have been awarded certification as follows:

FIRE PROTECTION ENGINEERING TECHNOLOGY/FIRE ALARM SYSTEMS/LEVEL II

If this is your first award of NICET certification, the expiration date shown under your certification number establishes your three-year recertification cycle. If this is an upgraded certification or a certification in a new technical area, your three-year recertification cycle remains the same as previously established. Please refer to NICET Policy No. 30, Continuing Professional Development, for rules governing recertification.

Prior to removing the wallet card from this letter, we advise that you make a copy of the letter for your files as the complete letter may be required as proof of certification.

The interest you have shown in your career development by obtaining professional recognition and status through certification is most commendable. On behalf of the Board of Governors, please accept our congratulations and best wishes.

Very truly yours,

Michael A. Clark General Manager

remove card slowly



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Shaun Ryan Kalbfliesh

FIRE ALARM SYSTEMS/II

Shaun Ryan Kalbfliesh 1220 Valley St Colorado Šprings, CO 80915

CERT NO. 151032 VALID THRU 09/01/2022

SC 8-28-2019 Sent to Fure



Email: Licensing@pprbd.org

FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

	NAME: ORR P								
PRINCIPA	L: RAYMOND A	LICENSE HOLDER: CHARLES MONK RECOMMEND:							
RME: RO	Y VAUGHN								
							DISAPPRO	VAL	
				DAT	E 8,	/30/19			
LICENSE A	PPLYING FOR:								
FSC-A	FSC-B	FSC-C	FSC-D	FSG	C-H	FSC-M	FAC-A	FAC-B	
FAI	FSI	FSI-L	FST-B	FST	Г-С	FST-D	FHT		
	PPRBD	INFORMATIO)N		No.	NAME	DA	ГЕ	
RECEIVE	ED BY PPRBD				5	SABRINA	08/28/	2018	
CRIMINA	AL BACKGROU	ND CHECK			5	SABRINA	08/28/	2019	
SENT TO	FIRE					SABRINA	08/28/	08/28/2019	
CSFD	DEI	PARTMENT		h w = 1	Chi	NAME p Taylor	DA'	ALTERNACION OF	
				3					
					_				
COMME	ENTS:								
COMM	NEW								
PPRBD LICEN Phone: 719-3 Fax: 719-327	327-2887	FIRE Phone: 719-385 Fax: 719-385-73							

Email: Fireconstructionservices@springsgov.com

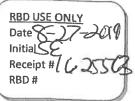
Suppression Installer								
	Satisfactory completion of the ASCR2 exam every 3 years. Minimum of 2 years work experience in fire sprinklers/standpipes.							
Suppressio	on Installer Limited							
_ _ _	Satisfactory completion of the ASD2 exam every 3 years. Minimum of two years' work experience in single-family multipurpose fire sprinkler systems. State of Colorado Plumber license							
Service Te	chnician - B							
	Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate)							
Service Tee	chnician – C							
	Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).							
Service Tea	chnician - D							
	Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).							
Fire Hydrar	nt Technician							
	Satisfactory completion of the CTFH2 exam every 3 years. Minimum 2 years' experience.							
Fire Alarm On-Site Installer								
	Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years							
	Documentation of minimum 2 years' experience.							
Fire Sup	ppression Contractor - B							

X •Letter of commitment stating minimum equipment requirements are met for portable X .D.O.T registration as approved cylinder requalification facility OR contract wi X • Documentation showing the RME qualifications and at least 3 years applicable wo X • Certification from at least one manufacturer of special hazard systems that the X • Certificate of Liability and Workers' Compensation insurance.

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.



FIRE SUPPRES	SSION CONTR	ACTOR LICEN	SE REQUESTE	D (Check one)		
☐ FSC-A	☑ FSC-B	☐ FSC-C	☐ FSC-D	☐ FSC-H	☐ FSC-M	
			Business Int	formation		
Type of Entity	(Check one)	□ Individua	l □ Partnersh	nip 🛭 Corpor	ration 🗆 LL	.c
Business Name (The business nam	: ORR Prote is the name the	ection Syste	ms, Inc. the license and is t	he actual name un	nder which the cont	racting business will operate.
Federal Employ	yer Identifica	tion Number:	61-1011484			
Business Addre	ss: 11601 I	nterchange	Drive			
	Street Ac	ldress			Apartn	nent/Unit #
	Louisville	9		KY		40229
	City			State		ZIP Code
Business Phone	<u>: 502-882</u>	2-882-687	51	Business Email:	licensing@	orrprotection.com
Business Fax: _	502-244	-4554	E	Susiness Websit	te: www.orr	protection.com
Company's Prir	•	s, Partners, o				
Name: Clark	Orr, Jr.				Title:	Chairman
Name: Raym	nond Aldri	dge				CEO / President
Name:					Title:	
1. Number of y	ears the comp	pany has oper	ated as a contr	actor? (If new,	, write "new")	New in Colorado - 45 Years in Industry
2. What is the	company's are	ea of specialt	ies? Safety, Fire	e Alarm & Spec	cial Hazards Ins	tallation & Maintenance
Type of work p	erformed? (Cl	neck one or bo	oth, if applicab	ole)	□ Residentia	l 🛮 Commercial
3. Has the compand/or claims a	pany ever been gainst them	en named in o in which the o	r responsible for responsible for the company was the	or any entered ne contractor?	and unsatisfied ☐ Yes ☑ No	d judgments, liens, If yes, Explain
4. Has the com	pany been a c	defendant in a	collection act	ion court case	? 🗆 Yes 🛂 No It	f yes, Explain
. Has the com	pany ever dec	clared bankru	otcy? □ Yes ☑	No If yes, Expl	ain	
. Has the com	pany ever hac	l a license sus	pended or revo	ked? □ Yes ☑	No If yes, Expl	ain
7 Has the com	nanv ever def	aulted on a co	ontract? [] Ve	D No If yes	Evolain	

Responsible Managing Employee (RME) Information										
Legal Name: Vaughn Sr.	Roy.	E.								
Date of Birth: 12-10-49 Social Security Number:										
Address: 10412 SKy Blue Avenue										
Street Address		Apartment/Unit #								
Louisville	KY	40258								
City	State State	ZIP Code								
Phone: 502-	Fax: 502-244-4554	_ Email: Ryaughreomprotection un								
1. What is your area of expertise in the	e industry?									
2. How long have you worked in the inc	dustry? 40+ years									
3. What is your affiliation with the con	mpany? (Owner, partner, employe	e, etc.) Employee								
4. Have you ever been convicted of a r										
5. Have you had a license suspended or	r revoked? Yes No If yes, Exp	olain								
(Responsible Managing Employee) or Licensee for the firm named herein. I do hereby expressly represent, and warrant, that I am acting in capacity of the RME/Licensee of said firm; and I hereby agree to accept the responsibilities for said company's and my own actions in connection with the contractor's license that may be granted. ✓ Yes □ No										
	Certifications									
	Certifications NICET Level	Expires								
NICET # 172772 Fire Alarm Isocii al Hazar	NICET Level	Expires 12-1-2020								
NICET #	NICET Level									
NICET # 72772 Fire Alarm Isocii al Hazar	NICET Level	12-1-2020								
NICET # 72772 Fire Alarm Ispecial Hazar P.E. #	NICET Level rds Level IV Issued	12-1-2020 Expires								
NICET # 72772 Fire Alarm Special Hazar P.E. #	NICET Level rds Level IV Issued	12-1-2020 Expires								
NICET # 72772 Fire Alarm Ispecial Hazar P.E. # D.O.T. # Company	NICET Level rds Level IV	12-1-2020 Expires								
NICET # 72772 Fire Alarm Ispecial Hazar P.E. # D.O.T. #	NICET Level rds Level IV	Expires Expires From								
NICET # 72772 Fire Alarm Ispecial Hazar P.E. # D.O.T. # Company	NICET Level rds Level IV	Expires Expires From								
NICET # 72.772 Fire Alarm Ispecial Hazar P.E. # D.O.T. # Company Po ORR Protection Systems Surror De CERTIFICATION (The following declara Department requires all persons seekin authorize Pikes Peak Regional Building information provided on this applicatio may deny me a license after reviewing application is untrue, license granted to	NICET Level Issued Issued Work History osition To Signer 9-25-197 Ation is to be signed by the RME) ag a license to undergo a Criminal Department to perform a Criminal Department to perform a Criminal an. I agree and understand Pikes I my Criminal Background Check. To me is automatically revoked.	Expires Expires From Curcot Pikes Peak Regional Building Background Check. I hereby al Background Check utilizing Peak Regional Building Department								

			Licensee	Information				
Legal Na	me: Monk, Jr.			Charles		W.		
Legat He	Last			First		M.1.		
Date of	Birth: 03/07/1956		So	cial Security Numb	er:	a		
Address:	4032 N. Stan	npede Drive						
	Street	Address				Apartment/Unit #		
	Castle Rock	<u> </u>			CO	80104		
	City				State	ZIP Code		
Phone:	720-682-825	58 Fax			_ Liliait.	cmonk@orrprotection.com		
1. What is your area of expertise in the industry? Master Electrician, Fire Alarm Installation, Spe						tion, Special Hazard Installation		
2. How l	ong have you work	ed in the industr	_{y?} 35 ye	ears				
3. What	is your affiliation v	vith the compan	y? (Owner,	partner, employee,	etc.) M	anager (Qualifying Party)		
				felony? □ Yes ☑ N				
5. Have	you had a license s	uspended or rev	oked? □ Ye	s ☑ No If yes, Expl	ain			
decision		proper workma	nship, or di of these du	rect supervision on		ical and administrative s. Will you, as the		
	NICET #		NI	CET Level		Expires		
L	P.E. #			Issued	<u> </u>	Expires		
Electric	al Contractor 010	1561	09/30/201		09/30/2			
	D.O.T. #			Issued		Expires		
Master	Electrician		03/30/20	17	09/30/20	9/30/2020		
			Work	History				
	Company	Positio	on	То		From		
	x Fire Systems. L			May 2019		June 2008		
	st Deveopment	Partner	November 2008		Februray 2005			
EMI		Sales Enginee	er	February 2005		August 2003		
CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked. Print name & title (Licensee): Charles W. Monk, Jr. (Manager - Qualifying Partner)								
	Signature of (Licensee): Date: 6/9/2019							



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Roy E. Vaughn, Sr.

IS HEREBY AWARDED CERTIFICATION AT

LEVEL IV

IN FIRE PROTECTION ENGINEERING TECHNOLOGY SPECIAL HAZARDS SYSTEMS LAYOUT

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

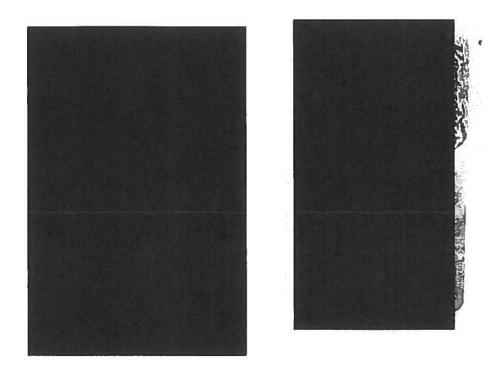
Certification Valid through December 1, 2020

CERTIFICATION NUMBER 72772

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS

Vaughn, Roy E.





June 11, 2019

PIKES PEAK REGIONAL BUILDING DEPARTMENT 2880 International Circle Colorado Springs, CO 80910

RE: RESPONSIBLE MANAGING EMPLOYEE

To Whom It My Concern:

This letter is to inform all concerned that Roy E. Vaughn, Sr., as Responsible Managing Employee (RME), is a full-time, exclusive employee of **ORR PROTECTION SYSTEMS, INC.** for this application and will represent and warrant that he is acting in the capacity of agent for the company and accepts the responsibility and the company's actions and his actions for any registration granted with this application.

ORR PROTECTION SYSTEMS, INC.	
Kay things	6-14-19
Authorized Signature	Dated
Ray Aldridge Print Name and Title	President/CEO

KATHRYN Y. CARTER
NOTARY PUBLIC
STATE AT LARGE - KENTUCKY
MY COMMISSION EXPIRES 10/5/19

Client#: 810583

CEDTICICATE MILMRED.

64ORRSAF

DEVISION NUMBER.

ACORD.

COVEDAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:				
McGriff Insurance Services	PHONE (A/C, No, Ext): 502 489-5900 FAX (A/C, No): 86				
2600 Eastpoint Parkway	E-MAIL ADDRESS: CHovekamp@McGriffInsurance.com				
Louisville, KY 40223	INSURER(S) AFFORDING COVERAGE				
502 489-5900	INSURER A : Zurich American Insurance Company of IL				
INSURED	INSURER B : National Surety Corporation	21881			
Orr Safety Corporation	INSURER C : American Zurich Insurance Company	40142			
Orr Protection Systems, Inc.	INSURER D : Houston Casualty Company 4237				
P.O. Box 198029	INSURER E :				
Louisville, KY 40259-8029	INSURER F:				

COVERAGES	CENTIFICATE NOMBER.	REVISION NOMBER.
THIS IS TO CERTIF	THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE	EN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWIT	THSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN'	Y CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY E	BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY	THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS
EVELLISIONS AND C	CANDITIONS OF SUCH DOLLGIES LIMITS SUCIAIN MAY HAVE DE	CENT DEDUCED BY DAID OF AIMS

	TOCOBIONO AND CONDITIONS OF COOLS			I not lever	DOLLEY EVE		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		GLO038143104	07/01/2019	07/01/2020	EACH OCCURRENCE	s1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s1,000,000
						MED EXP (Any one person)	s 10,000
						PERSONAL & ADV INJURY	s1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s2,000,000
1	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	s2,000,000
	OTHER:						S
Α	AUTOMOBILE LIABILITY		BAP038143204	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Es accident)	s1,000,000
	X ANY AUTO			İ		BODILY INJURY (Per person)	S
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	S
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	S
							s
В	X UMBRELLA LIAB X OCCUR		SUO00049128515	07/01/2019	07/01/2020	EACH OCCURRENCE	s25,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s25,000,000
	DED X RETENTION \$0						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC038143004	07/01/2019	07/01/2020	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	s1,000,000
l	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000
D	Professional		HCC1966846	07/01/2019	07/01/2020	\$5,000,000 Limit	
	Liability			1		\$35,000 Deductible	
					· . - .		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE	HOLDER
-------------	--------

CANCELLATION

Pikes Peak Regional Building Department 2880 International Circle Colorado Springs, CO 80910 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

MXBHU_

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Orr Protection Systems, Inc.

is an entity formed or registered under the law of Kentucky has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061165415.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/28/2019 that have been posted, and by documents delivered to this office electronically through 05/29/2019 @ 15:45:34.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/29/2019 @ 15:45:34 in accordance with applicable law. This certificate is assigned Confirmation Number 11601567



Secretary of State of the State of Colorado

necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us-click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



15508 East 19th Ave. Unit A • Aurora, CO 80011 • Phone: 303-367-2464 • Fax: 303-317-8926

"A Fire and Life Safety Company"

August 20, 2019

ORR Protection Systems, Inc. 12354 E. Caley Ave., Unit 105 Centennial, CO 80111

RE: Hydrostatic Testing Services

To Whom It May Concern:

Fire Safety Services, LLC is pleased to provide Hydrostatic Testing Services on behalf of ORR Protection Systems, Inc. at 12354 E. Caley Ave, Unit 105, Centennial, CO 80111.

Fire Safety Services, LLC is an approved cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR) as required by the U.S. Department of Transportation, Hazardous Materials Safety Administration.

Our Requalifier Identification Number (RIN) of H852 is issued to our facility located at 362 S. Navajo Street, Denver, CO 80223. This number applies to this location and is valid until renewed on or before March 06, 2020.

Thank you for this opportunity. Should you have any questions, comments, or need additional information, please contact our office at 303-367-2464.

Sincerely,

FIRE SAFETY SERVICES, LLC

Kristin Shanley Office Manager



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

facebook.com/PPRegionalBuilding/

8/27/2019 3:33:26 PM

@PPRBD

(SABRINA)

@ppregionalbuilding

Receipt #: 1625563 Customer: ORR PROTECTION SYSTEMS, INC

		Transaction Summary		
Account	Description	-	Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00
1301-40036	CONTRACTOR FEES	APPLICATION	APP FEE	\$50.00

Total Due: \$100.00

 Payment Summary

 Account
 Description
 Reference
 Amount

 9801-55700
 COLLECTION, VISA/Master-Card
 724652
 \$100.00

Total Tendered: \$100.00

Comment:

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: 1550 Marlborough Ave. Riverside, CA 92507
Type of work (check one) ☐ Residential ☐Commercial
Cost: 252,223 Date: May 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm & Fire Suppression Systems in Expansion Building
2. Project Street Address: 2801 Warner Avc. Irvine, CA 92606
Type of work (check one) □ Residential ☑Commercial
Cost: 446,725 Date: June 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm System to upgrade existing system
3. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394
Type of work (check one) □ Residential ଢCommercial
Cost: 118,750 Date: Mar 2018 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm 3 COZ System for combustion turbine.
4. Project Street Address: 111 Peters Canyon Rd. Inine CA 92404
Type of work (check one) Residential
Cost: 466,214 Date: Feb 2019 Your position: Contractor
Describe Job in detail: Design/Install Fire Alarm/Fire Suppression System
5. Project Street Address: 19000 Perimeter Rd. Victorville, CA 92394
Type of work (check one) Residential Commercial
Cost: 257,400 Date: Dec 2019 Your position: Contractor
Describe Job in detail: Design Install Fire Alarm / Fire Superession System COZ in two combustion turbines
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the city of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print name and title (owner, principator manager) Ray Aldridge
Signature: KATHRYN Y. CARTERate: 6-14-19
NOTARY PUBLIC

STATE AT LARGE - KENTUCKY MY COMMISSION EXPIRES 10/9/19

Roy Vaughn, SET

Senior Designer

11601 Interchange Drive Louisville, KY 40229

502-244-4530

rvaughn@orrprotection.com

SUMMARY

Experienced fire suppression and fire alarm designer. Grew up in the fire protection business and have touched all aspects including service and installation of systems, project management, sales and quoting, and system design and commissioning.

EDUCATION

EXPERIENCE

Louisville Technical Institute, Louisville KY AS in Architectural Engineering Technology

1978 – 2019 Senior Designer • ORR Protection Systems, Inc.

Deeply experienced member at ORR Protection. Started board drafting Halon system installations. Today I design the largest air sampling and clean agent system projects at ORR using cutting-edge tools and methods. I've seen multiple generations of equipment move through the industry. I helped established fire protection standards that many telecommunication companies use today across the world to protect the public communication network.

KEY SKILLS

Clean Agent System Design Fire Alarm System Design Air Sampling Smoke Detection Systems Suppression Detection and Control Systems Report Writing

CREDENTIALS

NICET Certifications
Water-Based Systems Layout, Level I
Special Hazards Suppression Systems, Level: II
Special Hazards Systems Layout, Level IV
Fire Alarm Systems, Level IV

SYSTEM MANUFACTURER TRAINING

Ansul Sapphire and FM-200 Clean Agent Systems Fike Ecaro-25 Clean Agent Systems Kidde FM200 and NOVEC 1230 Clean Agent Systems SEVO Systems NOVEC 1230 Clean Agent Systems



Certificate of Training

The trainee spent 6 hours over the course of 1 day covering the following topics:

- 1. 3M™ Novec™ 1230 Fire Protection Fluid
- 2. SEVO™ 1230 System Hardware
- 3. Hydraulic Flow Calculations

This will certify that

Roy Vaughn
Orr Protection



has completed Certification training for SEVO™ Systems using 3M™ Novec™ 1230 Fire Protection Fluid

Oct 31, 2018

Date

Jon Flamm
, Managing Director

14335 W 97th Terras Lenexal KS 66215 Kensas

System.

Training Level IV

SEVO Systems, Inc. 14335 W. 97th Terrace Lenexa, KANSAS 66215 UNITED STATES OF AMERICA. | +1.913 677.1112



August 30, 2019

Chip Taylor, PE
Fire Protection Engineer I
Colorado Springs Fire Department
2880 International Circle, Suite 200-7
Colorado Springs, CO 80910

Dear Mr. Taylor:

RE: Colorado Springs FSC License Application for ORR Protection

The ORR Protection location in Centennial, CO has the necessary equipment to test, inspect, and install pre-engineered fire suppression systems and portable fire extinguishers.

Please contact our office leader, Charlie Monk, at 720-682-8258 if you have any further questions about the equipment.

Sincerely,

Lee Kaiser, PE

Vice President of Engineering and Training

lkaiser@orrprotection.com



Certificate of Completion

This is to certify that Roy Vaughn an employee of

Orr Protection Systems

has successfully completed

ECARO-25 Recertification



Instructor(s)

This certification is valid for 2 years from this date: 2019-07-10

© 2018 FIKE CORPORATION 704 SW 10TH STREET BLUE SPRINGS, MO 64015

191336

FIRESAF-02

KIMT01

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

	DUCER harles Wilson Insurance Service			CONTACT Vicki Su		FAY	
384	Inverness Parkway Suite 170			(A/C, No, Ext): (3U3)	372-1926	FAX (A/C, No)	:
Engl	lewood, CO 80112			E-MAIL ADDRESS: VSullivai			
						RDING COVERAGE	0055
INSUI	DEN.			INSURER A : Crum a			084
INSUI				INSURER C : Pinnac			41190
	Fire Safety Services, LLC 15508 19th Avenue Unit A				DI MSSUIAII	<u>Ge</u>	41130
	Aurora, CO 80011			INSURER D :			
				INSURER F :			
COV	VERAGES CER	TIFICATI	E NUMBER:	INSURENT.		REVISION NUMBER:	
IN CE EX	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUIREM PERTAIN POLICIES	ENT, TERM OR CONDITIO . THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	ON OF ANY CONTRA DED BY THE POLICE BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP	ECT TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	s 1,000,000
	CLAIMS-MADE X OCCUR		GLO583560	6/1/2019	6/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$	5.00
							1 000 000
							3 000 000
	X POLICY PRO-					GENERAL AGGREGATE	2 000 000
						PROFESSIONAL LI	s 2,000,000
В	OTHER:					COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	ANY AUTO		PHPK1989191	6/1/2019	6/1/2020	(Ea accident) BODILY INJURY (Per person)	s
	OWNED X SCHEDULED AUTOS ONLY		1111 (1303131	01172013	0/1/2020	BODILY INJURY (Per accident	
	X HIRED ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s
	AUTOS ONLY AUTOS ONLY					(Fel accident)	s
	UMBRELLA LIAB OCCUR	1				EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s
							s
	DED RETENTIONS					X PER OTH-	
С	WORKERS COMPENSATION			6/1/2019	6/1/2020		4 000 000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	4148417	6/1/2019	6/1/2020	E.L. EACH ACCIDENT	s 1,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	4148417	6/1/2019	6/1/2020	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	1,000,000

ERTIFICATE HOLDER	CANCELLATION
Pikes Peak Regional Building Dept 2880 International Circle	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORED THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Colorado Springs, CO 80910	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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SE 8-28-2019 Sout to Fire



FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY	NAME: BLA	ZE FIRE SAFET	Υ					
PRINCIPAL			LICEN	SE HOL	DER: 1	DANIEL BL	_ACK	
RME: DANI			RECOMMEND:					
			et (manufacture)			L □ 30/19	DISAPPRO	VAL
LICENSE AP	PLYING FOR							
FSC-A	FSC-B	FSC-C	FSC-D	FSC	:-H	FSC-M	FAC-A	FAC-B
FAI	FSI	FSI-L	FST-B	FST	C	FST-D	FHT	
	PPRE	D INFORMATION	ON		Î	NAMÆ	DA	TE
RECEIVE	O BY PPRBI)			SA	BRINA	08/28	/2018
CRIMINA	L BACKGRO	OUND CHECK			SA	BRINA	08/28	/2019
SENT TO	FIRE				SA	ABRINA	08/28	/2019
15 (15)		DEPARTMENT	area an		1	IAME	DA	TE
CSFD					Chip	Taylor	8/30/1	9

COMME	NTS:							

PPRBD LICENSING

Phone: 719-327-2887 Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE

Phone: 719-385-5982 Fax: 719-385-7330

Email: Fireconstructionservices@springsgov.com

Suppr	essio	n Installer
		Satisfactory completion of the ASCR2 exam every 3 years. Minimum of 2 years work experience in fire sprinklers/standpipes.
Suppr	essio	n Installer Limited
		Satisfactory completion of the ASD2 exam every 3 years. Minimum of two years' work experience in single-family multipurpose fire sprinkler systems. State of Colorado Plumber license
Servic	е Тес	chnician - B
		Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate)
Servic	e Ted	chnician – C
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Servic	e Ted	chnician - D
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Fire H	ydrar	nt Technician
		Satisfactory completion of the CTFH2 exam every 3 years. Minimum 2 years' experience.
Fire Al	arm (On-Site Installer
		Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
		Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY
Date (- 27 - 2010)
Initial SE
Receipt # (2555)
RBD #

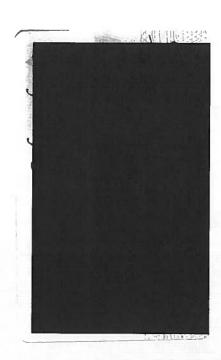
FIRE SUPPRESS	FSC-B	FSC-C	□ FSC-D		□ FSC-M
		THE STREET	Business Info	rmation	
Type of Entity (Check one)	☐ Individual	☐ Partnership	□ Corporati	ion 🛮 LLC
Business Name:					which the contracting business w

(The business name is the name that will appear on the license a	nd is the actual name under which the c	ontracting business will operate.)
Federal Employer Identification Number: 84-2745	5900	
Business Address: PO Box 143		
Street Address	Apa	rtment/Unit #
Peyton	Co	80831-0143
City	State	ZIP Code
Business Phone: 719-352-1161	Business Email: dblack@	blazefiresafety.com
Business Fax:	Business Website: blaze	firesafety.com
Company's Principal Officers, Partners, or Owners		
Name: Daniel Black	Title	Owner
Name: Kamira Black	Title	Owner
Name:	Title	
1. Number of years the company has operated as a		
2. What is the company's area of specialties? exting	guishers/emergency lighting/b	packflow preventers.
Type of work performed? (Check one or both, if app	licable) 🗆 Residen	tial 🛭 Commercial
3. Has the company ever been named in or responsi and/or claims against them in which the company w	ble for any entered and unsatis vas the contractor? □ Yes I	fied judgments, liens, No If yes, Explain
4. Has the company been a defendant in a collectio	n action court case? 🗆 Yes 🗹 N	o If yes, Explain
5. Has the company ever declared bankruptcy? Yes	es 🛮 No If yes, Explain	
6. Has the company ever had a license suspended or	revoked? □ Yes ☑ No If yes, E	xplain
7. Has the company ever defaulted on a contract? [☐ Yes ☑ No If yes, Explain	YEAR THE RESERVE

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: this company has no work history: Hazo. 1100 Halen
Type of work (check one) □ Residential □Commercial
Cost: \$400 Date: 2008-2013 Your position: Service Technician
Describe Job in detail: Conducted monthy of HARAY fire extinguisher inspections.
2. Project Street Address: wood ford Manufacturing. 2/21 waynoka Rd.
Type of work (check one) ☐ Residential ☐Commercial
Cost: 6100. Date: 2006-2013 Your position: Service Technician
Describe Job in detail: Conducted monthly of annual Fine extinguisher Inspections.
3. Project Street Address: Cintas Fire Protection 880 Elkton Dr.
Type of work (check one) Residential Commercial
Cost: Date: 2013-2019 Your position: Service Manager
Describe Job in detail: Conducted the majority of extraguisher inspections destruguish Maintenance of walk in customers Let Cintas Fire protection, Colorado Springs
4. Project Street Address: Advantage Logiestics - Charter Oak Road.
Type of work (check one) Residential Commercial
Cost: Date: June /2013 Your position: Service Tech nic ion
Describe Job in detail: Conducted Annual Fire Extinguisher inspection & main tenance.
5. Project Street Address: Courtory Fire Extinguister Service 12781 Western Ave.
Type of work (check one) □ Residential □Commercial
Cost: Date: 2000 - 2004 Your position: Service Technicias
Describe Job in detail: Conducted 9/1 Shap work such as Hydro Tast, Clean Agant Reclaim
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print Name and title (owner, principal or manager) Daniel Black owner
Signature: 2 2 7.19 Date: 8.27.19
125

	Responsible	Managing E	mployee (RME) In	formatio	n	AVESTICATION OF THE PARTY OF TH		
Legal Name: Black		Da	aniel		С			
Las	t		First			M.I.		
Date of Birth: <u>12/20/197</u> 1		Sc	Social Security Number:					
Address: 11335 Arshad [)r							
	t Address				Apartment/Uni	t #		
Calhan		Co			808	20		
City			State		ZIP Co			
Phone: 719-352-1161	Fax	,		_ Email:	dblack@blazef	iresafety.com		
1. What is your area of ex	-500	170	nguishers/alarr		nklers/hydra	ints.		
2. How long have you work								
3. What is your affiliation	with the compan	y? (Owner,	partner, employee	e, etc.) C	Owner			
I. Have you ever been con								
i. Have you had a license	suspended or rev	oked? □ Ye	s ☑ No If yes, Expl	ain				
pe granted. ✓ Yes □	No	-	cations					
NICET #		1	CET Level		Expires			
114691 P.E. #			Based/ II Alarm Issued	Oct 1st 2020 Expires				
			133464	 	Expires			
D.O.T. #			Issued		Expires			
		Work	History					
Company	Positio		То		Ena			
Courtery Fire Extinguisher	T		Feb 2004		Nov 2000	M11		
Intas Fire Protection			APr 2013		AUT 2004			
Intastire Protection				2019	A49 2019	Apr 2013		
ERTIFICATION (The follow epartment requires all pe uthorize Pikes Peak Region of formation provided on the may deny me a license after pplication is untrue, licent rint name & title (RME):	rsons seeking a linal Building Depais application. I a certion in the reviewing my (see granted to me	icense to ur artment to p agree and u Criminal Bac e is automat	ndergo a Criminal I perform a Criminal nderstand Pikes Pe kground Check. If ically revoked.	Backgrour Backgroue Bak Region	nd Check. I her und Check utili nal Building De	eby izing epartment		
	10	11				_		
ignature of (RME):	Em / / /	me			Date:	8.27.19		
						12		

	Section of the section of	No. American	Licensee	Informati	on			
Legal Na	ame: Black		Da	aniel		С		
	Last				First			M.I.
Date of	Birth: <u>12/20/1971</u>		So	ocial Securi	ity Number:	572-99-	-5904	
Address:	11335 Arsh	nad Dr						
		Address			_	Apartme	nt/Unit #	
	Calhan				Co		808	308
	City					State	Z	IP Code
Phone:	719-352-11	61 _F	ax:		Er	mail:	blazefiresa	fety.com
1. What	is your area of exp	ertise in the i	ndustry? <u>exti</u>	nguisher	rs/alarms/	sprinklers/l	nydrants	
2. How l	ong have you worke	ed in the indu	stry? 20 ye	ears			- 1-	
3. What	is your affiliation w	vith the comp	any? (Owner,	partner, e	mployee, et	_{c.)} Owne	r	
4. Have	you ever been conv	ricted of a mis	demeanor or	felony? □	Yes ☑ No If	yes, Explain		
5. Have	you had a license s	uspended or r	evoked? 🗆 Ye	es 🛭 No If y	yes, Explain			
following decision	xaminee understan g activities: supervi s, checking jobs for ng individual, perfo	ising, managir proper workr	ng constructio manship, or di re of these du	n activitie irect super ities? 🗹 Ye	s by making vision on jo	technical and	d administr	
			Certifi	cations				
	NICET #		NI	ICET Level		E:	xpires	
11461			III Water E		Alarm O	ct 1st 2020		
	P.E. #			Issued		<u> </u>	kpires	
	D.O.T. #			Issued		F	kpires	
	<i></i>			133414			April C3	
			Work	History			Selection of	
	Company	Posi	ition		То		From	
Courtes	sy Fire Extinguish			Feb 2004		Nov 20		
	Fire Protection	Service Tec		Apr 2013		Aug 20		
Cintas l	Fire Protection	Service Man	ager	Apr 2013	A 49201	9 Aug 20	19 Apr	2013
Departm authoriz nformat may den applicati	CATION (The follow ent requires all per e Pikes Peak Regior tion provided on thi y me a license afte ion is untrue, licens	rsons seeking a nal Building De s application. r reviewing m se granted to	a license to ui epartment to I agree and u y Criminal Ba me is automa	ndergo a C perform a inderstand ckground (tically revo	riminal Bacl Criminal Ba Pikes Peak Check. If an	kground Chec ckground Che Regional Buil	k. I hereby ck utilizing ding Depar	g tment
	me & title (License			wiler				
Signatur	e of (Licensee): 🚅	Jamis,	Black			Da	ate: 8.2	7.19
2880 l	nternational Circle, (Colorado Sprir	ngs, CO 80910	Teleph	one 719-327	-2887	Fax 719-327	7-2951







THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

IS A LICENSED (ID# 10302) Fire Alarm Installer

31-Oct-2019

Expires:

DANIEL CARLTON BLACK THIS IS TO CERTIFY THAT

IS A LICENSED (ID# 10302) Fire Suppression Installer

28-Feb-2020 Expires:

THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

IS A LICENSED (ID# 10302) Fire Suppression Hydrant Technician

31-Jan-2020 Expires:

THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

IS A LICENSED (ID# 10302) Fire Suppression B Technician

Expires:

31-Mar-2020



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Daniel C Black

FIRE ALARM SYSTEMS/II INSPECTION AND TESTING OF WATER-BASED SYSTEMS/III

CERT NO. 114691 VALID THRU 10/01/2020

AMERICAN BACKFLOW PREVENTION ASSOCIATION

10/27/2018

6-305

10/27/2021

Backflow Prevention Assembly Tester Daniel Black

11335 Arshad Dr Calhan, CO 80808 Westard a able

DANIEL BLACK

11335 Arshad Dr, Calhan Co 80808. 719-352-1161

dblack@blazefiresafety.com

20 years of experience in the fire safety industry. Seeking the opportunity to start my own business.

EXPERIENCE

APRIL 2013 - AUGUST 2019

SERVICE MANAGER, CINTAS FIRE PROTECTION

I was responsible for managing the Test & Inspection Department that conducts inspection Test & Maintenance of Fire Alarms, Fire Sprinklers, Fire Extinguishers, Fire Hydrants, Emergency Lighting & Backflow Assembly Testing. I overseen a team of service technicians of 5-10 at any given time. Duties included the training, development & licensing of our technicians to assure inspections were being conducted in accordance with NFPA Standards, Manufacture Specifications & Company Policies. I was responsible for the growth of department with an expectation of 10% or greater annually.

AUGUST 2004 - APRIL 2013

FIRE SERVICE TECHNICIAN, CINTAS FIRE PROTECTION

I was responsible for servicing customers fire safety equipment in accordance with NFPA Standards, Manufacture Specifications & Company Policies. These services included fire alarm inspections on an annual & semi-annual basis, repairs, replacement & troubleshooting of their interface equipment, such as input & output devices. Fire Sprinkler Test Inspection & Maintenance ranging from Wet Systems, Dry Systems, Standpipes & Pre-Action on a quarterly & annual basis. Made repairs to said systems ranging from gauge replacement, repairs of pipe fractures due to freeze conditions, removal, replacement & sprinkler head additions. Hydrant flow test. Running calculated flow test to determine rate of flow. Made minor repairs such as cap & gasket replacements. Fire Extinguisher Inspections & Maintenance ranging from inspection, recharge, six-year maintenance & hydrostatic testing on all types of fire extinguishers, dry chemical, wetting agents, halogenated agents. Emergency lighting inspections & repairs such as battery & bulb replacement.

NOV 2000 - FEB 2004

FIRE EXTINGUISHER TECHNICIAN, COURTESY FIRE EXTINGUISHER SERVICE

I was responsible for the inspection and service of fire extinguishers of all sizes & types ranging for Dry Chemical, Wetting Agents, Halogenated Agents for places of business on assigned route & shop work that consisted of Hydrostatic testing & Halon Recovery. Duties included annual maintenance of portable fire extinguishers in accordance with NFPA 10. The recharges & annual breakdown maintenance was conducted in a mobile service vehicle where I would discharge the fire extinguisher in a hopper, remove the head, inspect the interior of the cylinder, replace the appropriate parts such as valve stem & oring, refill with the appropriate extinguishing agent & charge the extinguisher with nitrogen to the appropriate PSI. (this was a California based business in which annual maintenance included a full breakdown every year) I was also hydrotest certified in the state of California these services were conducted in the shop.

Blaze Fire Safety LLC PO Box 143 Peyton Co 80831-0143 719-600-7849

To whom it may concern;

This letter is to inform that Daniel Black is employed exclusively and full time by Blaze Fire Safety effective August 16th, 2019 to the present.

Blaze Fire Safety

Daniel Black, owner Punis Black 8.27.19
Kamira Black, owner 46 8-27-19



Colorado Compressed Gases, Inc.

3975 Interpark Drive, Colorado Springs, CO 80907 Local Phone: 719-592-0333 Fax: 719-592-0334

To whom it may concern,

Blaze Fire Safety has agreed to use Colorado Compressed Gases (CCG), Inc. services to requalify (hydro test) cylinders, to include fire extinguishers. The following are CCG'S credentials;

This is to inform you that The Office of Hazardous Materials Special Permits has approved CCG, Inc. as a cylinder requalification facility under Section 107.805 of Title 49 Code of Federal Regulations (49 CFR). CCG, Inc has been issued a requalifiers identification number (RIN) H121.

In addition, Colorado Compressed gases, Inc. is currently covered by Ace American Insurance for liability insurance for 1,000,000

If there is any other information you need, please feel free to call us.

Sincerely,

Mark Evans General Manager 719-592-0333



Fire Protection Competency

Daniel Black

Has successfully passed a proctored competency exam for

Commercial Kitchen Hood Installation Service & Fire Extinguishers



2/2/2018 Taken

2/28/2021 Expires

Compliance Services and Assessments, LC

www.CSAexams.com

CSA has evaluated the named individual in the written application of code requirements, including selection, distribution, operation, inspection, testing, theory, and extinguisher characteristics as outlined by NFPA Standard 10. COLORADO VEHICLE REGISTRATION

Vehicle Type Passenger

Vehicle Id

1FTYR2CM4JKA93064

Plate Tab 1282108

L0025432461 Expire 10/21/2019

Year Make Model 2018 FORD TRANSIT

Fuel Type

Body Style

Color

Ethanol / Gas

Pγ

WHITE

Empty Weight

GVW

GVWR GVWR HIGH Bus Type

Title Number Not Issued

Purchase Date Fleet Number Unit Number HVUT

Carrier Miles

Emission Expire

Registered Owner/Address BLAZE FIRE SAFETY LLC 11335 ARSHAD DR CALHAN CO 80808-9535

Dual Registration Type

Dual Id

Dual Expire

Dealer

22-Aug-2019

Total Fees

0.00

GETZ FIRE EQUIPMENT

INVOICE

1615 S.W. Adams St PEORIA, IL 61602

Ship To: BLAZE FIRE SAFETY 11335 ARSHAD DR **CALHAN, CO 80808**

Account Number:

63249-00

Invoice Number:

IQ10-00597

Sold To: BLAZE FIRE SAFETY

Ordered By:

Daniel Black

PO BOX 143

Date

8/22/2019

Page:

ST: 1007

PEYTON, CO 80831

P.O. Number:

CC5079-042105

Account Number:

63249

Job Number: Vandar ID#.

AGUGO	IUT.
Quantity	1

Quantity	Item No.	Description	Tax	Unit Price	Total Price
1	3G0168	TRANSIT VAN PACKAGE W/150LB PLASTIC		4,795.00	4,795.00
1	3G0009	ADAPTERS RECHARGE SET OF 10		195.00	195.00
1	3G58981	HYDROTEST SYSTEM HAND PUMP		2,300.00	2,300.00
1	4G0135	HYDROTEST ADAPTERS SET OF 6		495.00	495.00
1	3G0101	DRYER CYLINDER COMPACT		595.00	595.00
1	80043	FREIGHT CHARGE		562.80	562.80
				Subtotal:	\$8,942.80
				Sales Tax:	\$0.00
				Total:	\$8,942.80
		THANKS FOR YOUR RUSINESS			

THANKS FOR YOUR BUSINESS...

For complete terms and conditions, visit our web-site

TERMS: Credit Card Payment Only * WE ACCEPT MASTERCARD/VISA FOR PAYMENT.

A finance charge of 2% per month (24% annually) or the maximum allowable by law or whichever is less will be charged on all past due accounts over 30 days.

PLEASE DETATCH THIS PORTION AND RETURN WITH YOUR PAYMENT.

Protecting life and property is priority one.

Visit our website to pay by Credit Card or E-Check

www.getzfire.com

SOLD TO:

BLAZE FIRE SAFETY PO BOX 143 **PEYTON, CO 80831** **REMIT TO**

Getz Fire Equipment P.O. Box 419 PEORIA, IL 61651-0419

Account Number: 63249

Due Date: 8/22/2019

Invoice Number: IQ10-00597 Amount Due: 8,942.80

135

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Blaze Fire Safety LLC

is a

Limited Liability Company

formed or registered on 08/16/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191653061.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2019 that have been posted, and by documents delivered to this office electronically through 08/19/2019 @ 09:52:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/19/2019 @ 09:52:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11748652 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

0	idolsellient. A statement on this	COLUI	luate (ades Hot Collie			uncate noi	sei ili lieu oi Si	ucn engo	rseme	int(s).
PRODUCER					CONTACT NAME: American Family Insurance - Business Insurance						
A	merican Family Insurance - Busi	ness	Insura	nce	PHONE [A/C, No, Ext): 866-908-0626 [A/C, No):						
PO Box 5316					E-MAI	E-MAIL					
В	nghamton, NY 13902				ADDR			businessinsu		m	r
								ORDING COVERAG	iE .		NAIC#
					_		vale indemn	ity Company			27138
	URED LAZE FIRE SAFETY LLC					RER B:		· · · · · · · · · · · · · · · · · · ·			
1	336 ARSHAD DR					INSURER C: INSURER D:					
CALHAN CO 80808					INSURER E :						
						RER F:					
COVERAGES CERTIFICATE NUMBER: 1419494024369216483160901 REVISION NUMBER:											
TH	IIS IS TO CERTIFY THAT THE POLI				_						VE FOR THE
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THI POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAIL CLAIMS.						UMENT WITH					
INSF		ADDL	SUBR	POLICY NUME	BER		POLICY EXP		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRE	NCE	\$2,00	00,000
A	CLAIMS-MADE X OCCUR	N	N	GLP1053929)	09/01/2019	09/01/2020	DAMAGE TO REN PREMISES (Ea oc		\$100	,000
								MED EXP (Any on	e person)	\$10,0)00
								PERSONAL & AD	/ INJURY	\$2,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER.							GENERAL AGGR	EGATE	\$4,00	00,000
	X POLICY PRO- JECT LOC							PRODUCTS - CO	MP/OP AGG	\$4,00	00,000
	OTHER:										
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT		
	ANY AUTO							BODILY INJURY (Per person)		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY	_		
	HIRED NON-OWNED							(Per accident) PROPERTY DAM/	AGE		
	AUTOS ONLY AUTOS ONLY	1						(Per accident)			
	UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			
	DED RETENTION \$	1									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						1	PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECU -TIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCID			
	(Mandatory in NH)							E.L. DISEASE - EA			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L DISEASE - PO	DLICY LIMIT		-
	PROFESSIONAL LIABILITY							OCCURRENC			
								AGGREGATE			
	cription of operations / Locations pection and Appraisal Services	/ VEHIC	CLES (A	CORD 101, Additio	onal Ren	narks Schedule,	may be attach	ed if more space is	required)		i

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

2000

CANCELLATION

AUTHORIZED REPRESENTATIVE

CERTIFICATE HOLDER

BLAZE FIRE SAFETY LLC



PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

8/27/2019 3:13:41 PM

(SABRINA)

Receipt #: 1625551

Customer: BLAZE FIRE SAFETY

facebook.com/PPRegionalBuilding/

@PPRBD

@ppregionalbuilding

Transaction Summary Account Description Reference Amount 1301-40036 CONTRACTOR FEES APPLICATION X 3 APP FE \$150.00

> Total Due: \$150.00

Payment Summary Reference Amount COLLECTION, VISA/Master-Card 724641 \$150.00

> Total Tendered: \$150.00

Comment: DANIEL BLACK

Description

Account

9801-55700

Blaze Fire Safety
PO Box 143
Peyton Co 80831-0143
719-600-7849

To whom it may concern,

This letter is to inform that Blaze Fire Safety has all the necessary equipment to perform inspections, recharge, 6-year maintenance and low-pressure hydrostatic testing on all types of portable fire extinguishers. All high pressure or DOT Hydrotesting shall be performed by Colorado Compressed Gas located at 3975 Interpark Dr Colorado Springs Co 80907.

Blaze Fire Safety

Daniel Black, owner

Kamira Black, owner



Workers' Compensation Coverage Rejection

This screen allows interested parties to search for evidence of rejection of Workers' Compensation coverage by sole proprietors, and/or partners performing construction work as well as coporate officers, members of an LLC who are also at least 10% owners of the business and participate in the daily operations and/or management of the business.

Discratmer

The aformation provided here is from data submitted to the Colorado Division of Workers' Compensation (DOWC). There may be errors and/or descrepancies with this information due to causes outside the control of the DOWC. Therefore, DOWC does not guarantee the accuracy of this information. If your search does not produce a result, this does not necessarily mean that a rejection of coverage has not been filed. Rejection forms received by DOWC become effective the day after all required information is received, but processing may take several days.

For additional information or assistance with verifying rejection of Workers' Compensation coverage, please contact Customer Service at (303) 318 8700 in the metro area or (888) 390-7936.

Enter a full or	partial legal nar	ne or trade name o	f the business you a	re seeking ir	the appropriate box	below	1
Business Lega	l Name blaze fire	safety	Sear	th d			
Business Trad	e Name		Clea	7			

elected Emplo	vers - Click on t	the Blue Triangle to	See Search Results				
	•	the B <mark>lue Triangle t</mark> o	See Search Results Business	Frade Name			
	l Name	the Blue Triangle to					_
Business Lega	l Name	the Blue Triangle to					_
Business Lega	l Name	the Blue Triangle to					^ *
Business Lega	l Name	the Blue Triangle to				·	^
Business Lega	l Name	the Blue Triangle to		Frade Name	Date Rescind Rec'e		A +
Business Lega Blaze Fire	I Name Safety LLC	and the	Business	Frade Name	Date Rescind Rec'o		A .

All Applicable Rights Reserved, Copyright 2014 Colorado Department of Labor and Employment



CERTIFICATE OF LIABILITY INSURANCE

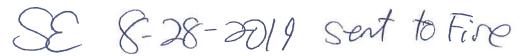
DATE (MM/DD/YYYY) 05/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the t	terms :ertifi	and conditions of the po	licy, ce	rtain policies sement(s)	may require	an endorsement. A stat	ement o	on
PRODUCER						CONTACT Christine Walker, CISR, CRIS				
Moo	dy Insurance Agency, Inc.				NAME: 9HONE (303) 824-6600 (A/C, No, Ext): (303) 370-0118					
805	East Tufts Avenue				PHONE (303) 824-8600 FAX (A/C, No): (303) 370-0118 E-MAIL ADDRESS: christine.walker@moodyins.com					
Suite 1000										
Den	ver			CO 80237	MOUDE	4 14	y Ins Co of No	IDING COVERAGE	—	NAIC #
INSU	RED				INSURE	4054	erican Insuran			22667
	DME Solutions, Inc.				INSURE	Di	Assurance			41190
	DBA: Colorado Compressed Ga	ses			INSURE	NO.	rissurance			41190
	3975 Interpark Dr				INSURE					
	Colorado Springs			CO 80907	INSURE					
COV		TIFIC	ATE	NUMBER: 19-20 Master	INSURE	RF:		DEVELON NUMBER		
	IIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSUE	DED NAMED AL	REVISION NUMBER:	IOD	
IN:	DICATED. NOTWITHSTANDING ANY REQUI	REME	NT. TE	ERM OR CONDITION OF ANY	CONTRA	ACT OR OTHER	DOCUMENTA	MITH DESDECT TO MUICH T	LIIO .	
ÇĿ	RTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	MN. TI	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBEI	D HEDEIN IC C	UBJECT TO ALL THE TERMS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		KEDUC		POLICY EXP			
LIR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	4.00	2.000
								EACH OCCURRENCE	9	0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	
Α				MCRD37719705		06/01/2019	06/01/2020	MED EXP (Any one person)	\$ 5,00	
				WICKD3//19/03		00/01/2019	06/01/2020	PERSONAL & ADV INJURY	s 1,00	
	POLICY PRO-							GENERAL AGGREGATE		0,000
								PRODUCTS - COMP/OP AGG	3	0,000
	AUTOMOBILE LIABILITY	_						COMBINED SINGLE LIMIT	\$	
	X ANY AUTO							(Ea accident)	\$ 1,00	0,000
В	OWNED SCHEDULED			CALH08518324		00/04/0040	06/01/2020	BODILY INJURY (Per person)	\$	
_	AUTOS ONLY AUTOS NON-OWNED			CALITU0310324		06/01/2019		PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	S	
	UMBRELLA LIAB COCUR								\$	
	EXCERCITOR							EACH OCCURRENCE	s	
	CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							2 d DCD OTH	s	
	AND EMPLOYERS' LIABILITY							X PER STATUTE ER		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		4188600	06/	06/01/2019	06/01/2020	E L. EACH ACCIDENT	s 1,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	s 1,000	•
	DÉSCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	s 1,000	0,000
							0			
DESC	DISTIDAL DE OPERATIONE LA OCATIONE LA FILIUS.									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	.5 (AC	יו טאט	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)			
055										
CER	TIFICATE HOLDER				CANC	ELLATION				
					PHO	III D AND OF T	UE ADOVE DE	000,000		
								SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER		BEFORE
								PROVISIONS.		
					AUTHOR	RIZED REPRESEN	_			
							Λ .	t - 1. 201		

1. 1. 1





Fax: 719-327-2626

Email: Licensing@pprbd.org

FIRE APPLICATION CONTRACTOR AND INSTALLER CHECK LIST

COMPANY 1	NAME: BLAZ	E FIRE SAFET	Υ					
PRINCIPAL	LICENSE HOLDER: DANIEL BLACK							
RME: DANI	RECOMMEND:							
				□ AF DATI		AL 🗆	DISAPPROV	'AL
LICENSE AP	PLYING FOR:							
FSC-A	FSC-B	FSC-C	FSC-D	FSC	-H	FSC-M F	FAC-A	FAC-B
FAI	FSI	FSI-L	FST-B	FS1	Г-С	FST-D	FHT	
	PPRBE	INFORMATION INFORMATION	N			NAME	DAT	Έ
RECEIVE	D BY PPRBD				S	ABRINA	08/28/2	2018
CRIMINA	L BACKGRO	UND CHECK			S	ABRINA	08/28/2019	
SENT TO	FIRE				S	ABRINA	08/28/2	2019
CSFD	DI	EPARTMENT			CHECK TOP SA	NAME Taylor	DAT 8/29/19	ENDERLY
CSFD					СПІР	Taylor	0/23/13	
COMME	Danie Compa	Black is moving	g his B-D-H	FSC-H	license	e form Cinta	os (17669) to	o new
PPRBD LICENS		<u>FIRE</u> Phone: 719-38	5-5982					

Fax: 719-385-7330

Email: Fire constructions ervices @springs gov.com

Fire Supp	pression Contractor – A
	Certificate of Liability and Workers' Compensation insurance.
Fire Supp	oression Contractor – B
	D.O.T registration as approved cylinder requalification facility OR contract with an outside cylinder requalification facility (a copy of this contracted facility's certification of liability insurance equal to that of the licensee's shall be provided).
	Certification from at least one manufacturer of special hazard systems that the applicant markets.
Fire Supp	pression Contractor/Dealer – C
Commerc	cial, Industrial, or Institutional Non-Contractor/Dealer – D
	Letter of commitment stating minimum equipment requirements are met for portable fire extinguishers. Documentation showing the RME qualifications and at least 2 years applicable work experience Certificate of Liability and Workers' Compensation insurance.
Fire Supp	pression Contractor – M
Fire Supp	pression Contractor – H
X	Letter of commitment stating minimum equipment requirements are met for servicing and maintaining hydrants. Certificate of Liability and Workers' Compensation insurance. Documentation showing the Responsible Managing Employee (RME) qualifications for service and
	repair of fire hydrants.
Fire Alarr	n Contractors – A
	RME w/ Current NICET Level III or IV certificate in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.
Fire Alarn	n Contractors – B
0	RME w/ Current NICET Level II or higher in Fire Alarm Systems or a Colorado Registered PE Certificate of Liability and Workers' Compensation insurance. Documentation of minimum 5 years work experience.

Suppr	essio	in Installer
		Satisfactory completion of the ASCR2 exam every 3 years. Minimum of 2 years work experience in fire sprinklers/standpipes.
Suppr	essio	n Installer Limited
		Satisfactory completion of the ASD2 exam every 3 years. Minimum of two years' work experience in single-family multipurpose fire sprinkler systems. State of Colorado Plumber license
Servic	e Te	chnician - B
		Satisfactory completion of the FEX and CKH2 OR KHFE2 exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate)
Servic	e Te	chnician – C
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Servic	e Te	chnician - D
		Satisfactory completion of the FEX exam every 3 years. Minimum 2 years' experience OR factory training (include copy of certificate).
Fire H	ydrar	nt Technician
		Satisfactory completion of the CTFH2 exam every 3 years. Minimum 2 years' experience.
Fire A	arm	On-Site Installer
		Current and valid NICET Level II or higher certificate OR satisfactory completion of FA2 exam every 3 years
		Documentation of minimum 2 years' experience.

PIKES PEAK REGIONAL BUILDING DEPARMENT

Fire Suppression Contractor License Application

It is requested that the Fire Board of Appeals of the Colorado Springs Fire Department consider this application for the state license in compliance with the Pikes Peak Regional Building Code.

RBD USE ONLY
Date 27-2-019
Initial C
Receipt #/6 2555
RBD #

FIRE SUPP	RESSION CONT	RACTOR LICENSE RI	EQUESTED (C	Theck one)		
□ FSC-A	☐ FSC-B	□ FSC-C □	FSC-D E	⊒ FSC-H	☐ FSC-M	
		Bus	siness Inforr	mation		
Type of Ent	ity (Check one) 🗆 Individual 🗆	Partnership	□ Corpor	ation 🛮	LLC
Business Na	me: Blaze F	ire Safety	ense and is the a	ctual name un	der which the co	ontracting business will operate.)
		cation Number: 84-2		otout name on		me deems business will operate.)
	dress: PO Bo					
	Street	Address			Apa	rtment/Unit #
	Peyto	1		Co		80831-0143
	City			State		ZIP Code
Business Pho	one: <u>719-3</u>	52-1161	Busi	iness Email:	dblack@	blazefiresafety.com
Business Fax	«:		Busi	ness Websit	te: blaze	firesafety.com
7 7 1	niel Blac mira Blac	k				
		mpany has operated				
2. What is t	he company's	area of specialties?	extinguishers	s/emergen	cy lighting/b	ackflow preventers.
Type of wor	k performed? (Check one or both, i	if applicable)		☐ Residen	tial 🛭 Commercial
3. Has the c and/or clain	ompany ever b ns against ther	een named in or responsing the compa	ponsible for a any was the o	any entered contractor?	I and unsatis □ Yes ☑ N	fied judgments, liens, No If yes, Explain
4. Has the c	ompany been a	defendant in a colle	ection action	court case	? □ Yes 🗹 N	o If yes, Explain
5. Has the c	ompany ever d	eclared bankruptcy?	☐ Yes ☐ No	If yes, Exp	lain	
6. Has the c	ompany ever h	ad a license suspend	led or revoke	d? □ Yes 🗷	No If yes, E	xplain
7 Has the c	ompany ever d	efaulted on a contra	ct? Yes	No If yes	Evolain	

Project History (List projects in which this company worked as the contractor.)
1. Project Street Address: this company has no work history. Holiday Jan Express
Type of work (check one) □ Residential □Commercial
Cost: 180. Date: June/2019 Your position: Service Manager
Describe Job in detail: Assisted with Annual Fine Updant Flow Test.
2. Project Street Address: USOC Fraining Center. 1 Olympic Plaza.
Type of work (check one) □ Residential □Commercial
Cost: 1000. Date: June 2019 Your position: Service Murray or
Describe Job in detail: Assisted with annual fire Mydeant flow took
3. Project Street Address: Town Place Suites. 1530 N. Newport Dr
Type of work (check one) □ Residential □Commercial
Cost: 100 - Date: My 2012 Your position: Service Tachnician
Describe Job in detail: Conducted moneyal fine phydrans flow Took
4. Project Street Address: Speinghill Snites 1570 N. Newport JE
Type of work (check one) □ Residential □Commercial
Cost: 100 - Date: May 2012 Your position: Service Technician
Describe Job in detail: Conducted annual fine fly dent flor took
5. Project Street Address: City of Dueblo - Waste Water Plant
Type of work (check one) □ Residential
Cost: 300. Date: Aug-2012 Your position: Service Technician
Describe Job in detail: Conducted Annyal fire Hydront How test.
CERTIFICATION (The following declaration is to be signed by the principal officer of the company) The undersigned, on behalf of the company, partnership or corporation, does hereby declare and warrant that the "examinee" for a contractor's license named herein has the express authority to bind the company, partnership, or corporation by this application; and further, the company does hereby agree to abide by the ordinances and regulations promulgated by the City of Colorado Springs, El Paso County, and those adopted by the municipal entities within El Paso County in regard to any work which may be performed by our company pursuant to the contractor license for which this application is made.
Print Name and title (owner, principal or manager) Daniel Black owner
Signature: 2 Date: 2.7.19
\ 4

		Responsible Man	aging Employee	(RME) Info	ormation			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Legal Na	ame: Black		Daniel			С		
g	Last			First	4 30			M.1.
Date of	Birth: 12/20/1971		Social Secu	rity Numb	er:			
Address	: 11335 Arshad Dr							
Addiess	Street Add	ress				Apartm	ent/Unit #	
	Calhan		Co				80808	2
	City			State			ZIP Code	
Phone:	719-352-1161	Fax:			Email:			safety.com
1. What	is your area of expert	ise in the industr	y? extinguishe	rs/alarm	ns/sprir	klers/l	nydran	ts.
2. How	long have you worked	in the industry?	20 years					
3. What	is your affiliation with	the company? (Owner, partner, o	employee,	etc.) C)wne	r	
	you ever been convict							
5. Have	you had a license susp	ended or revoke	d? □ Yes ☑ No If	yes, Expla	ain			
and war	sible Managing Employ rant, that I am acting ibilities for said compa ted. ☑ Yes ☐ No	in capacity of the	e RME/Licensee o	of said firm	n; and I I	hereby a	gree to	accept the
	NICET #		NICET Leve			Εν	cpires	
114691		HI	water Based/ II		Oct 1st		фпез	
	P.E. #	,,,,,	Issued	, dann j	001 101		pires	
	D.O.T. #		Issued		Expires			
		i i de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compani	Work History					
	Company	Position		To			Fron	1
Courtes	V Fire Extinguish S	Mice Technica	Feb 20	04		Nov	2000	
Cintas	Fire Protection Se	rvice Technicis	Apr 201		fra i	A492	004	W-11
Cintas	Fire Protection Se	rvice Manager	Apr 201	- A492	019	2497	019 A	or 2013
Departm authoriz informat may den applicat	CATION (The following nent requires all person the Pikes Peak Regional tion provided on this any me a license after region is untrue, license after the license after license af	ns seeking a licer Building Departn pplication. I agre eviewing my Crin	nse to undergo a ment to perform a me and understand minal Background mutomatically rev	Criminal B a Criminal d Pikes Pe Check. If	ackgrou Backgro ak Regio	nd Checl und Che nal Build	k. I here ck utiliz ding Dep	by ing artment
Signatur	e of (RME):	J Blad	-			Da	ate: <u></u>	27.19

			Licensee	Informat	ion			SPANIS AS	
Legal Na	me: Black		Da	aniel		(С		
	Last				First			М.І.	
Date of E	Birth: 12/20/1971		So	cial Secui	ity Numb	er:			
Address:	11335 Arsh	nad Dr							
		Address			_		Apartment/U	nit #	
!	Calhan				Со			80808	
	City					State		ZIP Code	
Phone:	719-352-11	61 Fax	:			_Email: .	dblack@bla:	zefiresafety.com	1
1. What i	is your area of exp	ertise in the ind	ustry? <u>exti</u> ı	nguishe	rs/alarn	ns/sprin	klers/hyd	lrants.	
2. How lo	ong have you work	ed in the industr	$_{y?}$ 20 ye	ears					
	is your affiliation v				employee,	, etc.) <u>O</u>	wner		
	ou ever been conv								_
5. Have y	you had a license s	uspended or rev	oked? □ Ye	s ☑ No If	yes, Expla	ain			
following decisions	kaminee understan gactivities: superv g, checking jobs for g individual, perfor	ising, managing proper workma	construction Inship, or di of these du	n activitie rect supe ties? 🛭 Ye	s by maki rvision on	ing techni	ical and ad	ministrative	
				cations					1
44404	NICET #			CET Leve	····	0-14-1	Expire	es	
11461	P.E. #		III Water E	Issued	Alarm	Oct 1st	2020 Expire		
	D.O.T. #		ı	Issued			Expire	es	_
			<u> </u>			<u> </u>			
			Work	History					
	Company	Positio	on		То			From	
Courtes	y Fire Extinguish			Feb 200			Nov 2000		
	ire Protection	Service Techn		Apr 201			Aug 2004		\dashv
Cintas F	Fire Protection	Service Manag	ger -	Apr 201	3 Aug 20	019	Aug 2019	- Apr 2013	
Cintas Fire Protection Service Manager Apr 2013 Aug 2019 Aug 2019 Aug 2019 Aug 2019 CERTIFICATION (The following declaration is to be signed by the Licensee) Pikes Peak Regional Building Department requires all persons seeking a license to undergo a Criminal Background Check. I hereby authorize Pikes Peak Regional Building Department to perform a Criminal Background Check utilizing information provided on this application. I agree and understand Pikes Peak Regional Building Department may deny me a license after reviewing my Criminal Background Check. If any information provided on this application is untrue, license granted to me is automatically revoked. Print name & title (Licensee): Daniel Black owner									
	of (Licensee):						Date:	8.27.19	_
2880 ln	iternational Circle, (Colorado Springs	s, CO 80910	Teleph	one 719-3	327-2887	Fax	719-327-2951	٩







DANIEL CARLTON BLACK THIS IS TO CERTIFY THAT

IS A LICENSED (ID# 10302) Fire Alarm Installer

31-Oct-2019

Expires:

THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

IS A LICENSED (ID# 10302) Fire Suppression Installer

28-Feb-2020

Expires:

IS A LICENSED (ID# 10302) Fire Suppression Hydrant Technician THIS IS TO CERTIFY THAT DANIEL CARLTON BLACK

31-Jan-2020

Expires:

DANIEL CARLTON BLACK THIS IS TO CERTIFY THAT

IS A LICENSED (ID# 10302) Fire Suppression B Technician

Expires:

31-Mar-2020



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES

Daniel C Black

FIRE ALARNI SYSTEMS/II INSPECTION AND TESTING OF WATER-BASED SYSTEMS/III

CERT NO. 114691 VALID THRU 10/01/2020

AMERICAN BACKFLOW PREVENTION ASSOCIATION

10/27/2018

6-305

10/27/2021

Backflow Prevention Assembly Tester Daniel Black

11335 Arshad Dr

Michael Cakles

Calhan, CO 80808



NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®

Providing Certification Programs Since 1961

BE IT KNOWN THAT

Daniel C Black

IS HEREBY AWARDED CERTIFICATION AT

LEVEL III

IN FIRE PROTECTION ENGINEERING TECHNOLOGY INSPECTION AND TESTING OF WATER-BASED SYSTEMS

BASED UPON SUCCESSFUL DEMONSTRATION OF REQUISITE KNOWLEDGE, EXPERIENCE AND WORK PERFORMANCE AS SET FORTH BY THIS INSTITUTE.

Certification Valid through October 1, 2020

CERTIFICATION NUMBER 114691

CHAIRMAN OF THE NICET BOARD OF GOVERNORS

A DIVISION OF THE NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS



Fire Protection Competency

Daniel Black

Has successfully passed a proctored competency exam for

Confidence Testing - Fire Hydrants



12/31/2019 Expires

12/9/2016 Taken Compliance Services and Assessments, LC

www.CSAexams.com

DANIEL BLACK

11335 Arshad Dr, Calhan Co 80808. 719-352-1161

dblack@blazefiresafety.com

20 years of experience in the fire safety industry. Seeking the opportunity to start my own business.

EXPERIENCE

APRIL 2013 - AUGUST 2019

SERVICE MANAGER, CINTAS FIRE PROTECTION

I was responsible for managing the Test & Inspection Department that conducts inspection Test & Maintenance of Fire Alarms, Fire Sprinklers, Fire Extinguishers, Fire Hydrants, Emergency Lighting & Backflow Assembly Testing. I overseen a team of service technicians of 5-10 at any given time. Duties included the training, development & licensing of our technicians to assure inspections were being conducted in accordance with NFPA Standards, Manufacture Specifications & Company Policies. I was responsible for the growth of department with an expectation of 10% or greater annually.

AUGUST 2004 - APRIL 2013

FIRE SERVICE TECHNICIAN, CINTAS FIRE PROTECTION

I was responsible for servicing customers fire safety equipment in accordance with NFPA Standards, Manufacture Specifications & Company Policies. These services included fire alarm inspections on an annual & semi-annual basis, repairs, replacement & troubleshooting of their interface equipment, such as input & output devices. Fire Sprinkler Test Inspection & Maintenance ranging from Wet Systems, Dry Systems, Standpipes & Pre-Action on a quarterly & annual basis. Made repairs to said systems ranging from gauge replacement, repairs of pipe fractures due to freeze conditions, removal, replacement & sprinkler head additions. Hydrant flow test. Running calculated flow test to determine rate of flow. Made minor repairs such as cap & gasket replacements. Fire Extinguisher Inspections & Maintenance ranging from inspection, recharge, six-year maintenance & hydrostatic testing on all types of fire extinguishers, dry chemical, wetting agents, halogenated agents. Emergency lighting inspections & repairs such as battery & bulb replacement.

NOV 2000 - FEB 2004

FIRE EXTINGUISHER TECHNICIAN, COURTESY FIRE EXTINGUISHER SERVICE

I was responsible for the inspection and service of fire extinguishers of all sizes & types ranging for Dry Chemical, Wetting Agents, Halogenated Agents for places of business on assigned route & shop work that consisted of Hydrostatic testing & Halon Recovery. Duties included annual maintenance of portable fire extinguishers in accordance with NFPA 10. The recharges & annual breakdown maintenance was conducted in a mobile service vehicle where I would discharge the fire extinguisher in a hopper, remove the head, inspect the interior of the cylinder, replace the appropriate parts such as valve stem & oring, refill with the appropriate extinguishing agent & charge the extinguisher with nitrogen to the appropriate PSI. (this was a California based business in which annual maintenance included a full breakdown every year) I was also hydrotest certified in the state of California these services were conducted in the shop.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Blaze Fire Safety LLC

is a

Limited Liability Company

formed or registered on 08/16/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191653061.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2019 that have been posted, and by documents delivered to this office electronically through 08/19/2019 @ 09:52:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/19/2019 @ 09:52:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11748652 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: American Family Insura	nce - Business Insurance				
American Family Insurance - Busine	PHONE (A/C, No, Ext): 866-908-0626	FAX (A/C, No):				
PO Box 5316 Binghamton, NY 13902	E-MAIL ADDRESS: Service@amfambusines					
Binghainton, NY 10502	INSURER(S) AFFORDING CO	OVERAGE NAIC#				
	INSURER A: Midvale Indemnity Com	pany 27138				
INSURED	INSURER B:					
BLAZE FIRE SAFETY LLC	INSURER C:	INSURER C:				
11336 ARSHAD DR	INSURER D :					
CALHAN CO 80808	INSURER E:					
	INSURER F:	100000				
COVERAGES	ERTIFICATE NUMBER: 1419494024369216483160901 R	EVISION NUMBER:				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CHARMS

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	N	= = 4					
CLAIMS-MADE X OCCUR	N					EACH OCCURRENCE	\$2,000,000
		N	GLP1053929	09/01/2019	09/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
ANYAUTO						BODILY INJURY (Per person)	
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
HIRED NON-OWNED AUTOS ONLY		1				PROPERTY DAMAGE (Per accident)	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	
DED RETENTIONS							
VORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
NY PROPRIETOR/PARTNER/EXECU	N/A					E.L. EACH ACCIDENT	
Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
PROFESSIONAL LIABILITY						OCCURRENCE	
						AGGREGATE	
RIPTION OF OPERATIONS / LOCATIONS / ection and Appraisal Services	VEHIC	LES (A	CORD 101, Additional Re	emarks Schedule	, may be attach	ed if more space is required)	
	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ //ORKERS COMPENSATION ND EMPLOYERS LIABILITY N'E OFFICER/MEMBER EXCLUDED? //Anndatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY RIPTION OF OPERATIONS / LOCATIONS /	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ //ORKERS COMPENSATION ND EMPLOYERS LIABILITY N'E OFFICERMEMBER EXCLUDED? //Andatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY RIPTION OF OPERATIONS / LOCATIONS / VEHIC	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY MUBBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION ND EMPLOYERS LIABILITY N'E OFFICERMEMBER EXCLUDED? Mandatory in NH) Yes, describe under ESCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AVERTICAL CONTINUED OF COMPENSATION) RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AVENTAGE)	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY LIMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ OKKERS COMPENSATION ND EMPLOYERS' LIABILITY NYE POPPICE PRAFATNER-EXECU NYE OFFICE PRAFATIONS below PROFESSIONAL LIABILITY RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Repairs)	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ ORKERS COMPENSATION ND EMPLOYERS LIABILITY N'YEOPFICERMEMBER EXCLUDED? NA Mandatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY MUBBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ CORKERS COMPENSATION ND EMPLOYERS LIABILITY N'A Mandatory in NH) Yes, describe under ESCRIPTION OF OPERATIONS below PROFESSIONAL LIABILITY RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attach.)	OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONL

CERTIFICATE HOLDER	CANCELLATION
BLAZE FIRE SAFETY LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Blaze Fire Safety LLC PO Box 143 Peyton Co 80831-0143 719-600-7849

To whom it may concern;

This letter is to inform that Daniel Black is employed exclusively and full time by Blaze Fire Safety effective August 16th, 2019 to the present.

Blaze Fire Safety

Daniel Black, owner

Kamira Black, owner



Workers' Compensation Coverage Rejection

This screen allows interested parties to search for evidence of rejection of Workers' Compensation coverage by sole proprietors, and/or partners performing construction work as well as coporate officers, members of an LLC who are also at least 10% owners of the business and participate in the daily operations and/or management of the business.

Ensoratiner
The information provided here is from data submitted to the Colorado Division of Workers' Compensation (DOAC). There may be errors and or discrepancies with this information due to causes autistic the control of the DOAC. Therefore, DOAC does not guarantize the accuracy of this information. If your search does not produce a result this does not increasantly mean that a rejection of coverage has not been filled. Rejection forms received by DDAC become effective the day after all required information is received, but processing may take several days.

For additional information or assistance with verifying rejection of Workers' Compensation coverage, please context Cestomer Service at (303) 318-8700 in the metro area or (688) 390-7936.

Business Lega	I Name blaze fire			Search	ng in the appropriate box b	
Business Trade Name				CHar		
					2	
elected Emplo	yers - Click on t	the Blue Triangle to	See Sear	ch Results		
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				Business Trade Na	me	-
		Middle Name	Date Re	Business Trade Na	Date Rescind Rec'd	
1	Safety LLC	Middle Name	Date Re 8/22/20	jection Rec'd		

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PIKES PEAK REGIONAL BUILDING DEPARTMENT

2880 International Circle Colorado Springs, Colorado 80910 Website: http://www.pprbd.org

Follow us on social media

Invoice

8/27/2019 3:13:41 PM

(SABRINA)

Receipt #: 1625551

Customer: BLAZE FIRE SAFETY

facebook.com/PPRegionalBuilding/

@PPRBD

@ppregionalbuilding

Transaction Summary

Account	Description		Reference	Amount
1301-40036	CONTRACTOR FEES	APPLICATION	X 3 APP FE	\$150.00

Total Due:

\$150.00

Payment Summary

Account	Description	Reference	Amount
9801-55700	COLLECTION, VISA/Master-Card	724641	\$150.00

Total Tendered:

\$150.00

Comment: DANIEL BLACK

Blaze Fire Safety PO Box 143 Peyton Co 80831-0143 719-600-7849

To whom it may concern, This letter is to inform that Blaze Fire Safety has all the necessary equipment to perform inspections and flow test of fire hydrants.

Blaze Fire Safety
Daniel Black, owner
Kamira Black, owner